UNITED NATIONS

DP

Governing Council of the United Nations Development Programme

Dist.
GENERAL

DP/FPA/CP/61
25 January 1990

ORIGINAL: ENGLISH

Thirty-seventh session
28 May - 22 June 1990, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of the Democratic People's Republic of Korea

Support for a national population programme

Proposed UNFPA assistance:	$6 million
Estimated value of the Government's contribution:	Won 7.850 million (US$ 3.6 million)
Duration:	Four years
Estimated starting date:	January 1990
Executing agencies:	Government of the Democratic People's Republic of Korea Food and Agriculture Organization of the United Nations (FAO) World Health Organization (WHO) United Nations Development Programme (UNDP) United Nations Department of Technical Co-operation for Development (DTCD) United Nations Population Fund (UNFPA)
Government co-ordinating agency:	Fifth Department, Ministry of Foreign Trade

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DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Demographic facts

Population Total (000)	
Total	22,937
Males	11,398
Females	11,539
Sex ratio (/100 females)	98.8
Urban	15,457
Rural	7,480
Per cent urban	67.4
Population in year 2000 (000)	28,165
Functional age groups (%)	
Young child: 0-4	13.3
Child: 5-14	23.7
Youth: 15-24	20.0
Elderly: 60+	5.9
65+	3.8
Women: 15-49	25.5
Median age (years)	21.3
Dependency ratios: total	68.9
(/100) Aged 0-14	62.6
Aged 65+	6.4
Agricultural population density (/hectare of arable land)	3.35
Population density (/sq. km.)	190
Average annual change (000)	
Population increase	522
Births	643
Deaths	121
Net migration	0
Annual population total (% growth)	2.16
urban	3.03
rural	0.22
Crude birth rate (/1000)	26.5
Crude death rate (/1000)	5.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	3.23
Gross reproduction rate (/woman)	1.57
Net reproduction rate (/woman)	1.51
Infant mortality rate (/1000)	21
Life expectancy at birth (years)	
Males	67.7
Females	73.9
Both sexes	70.7
GNP per capita (U.S. dollars, 1987)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1989. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

* not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $6 million for a period of four years, beginning in January 1990, to assist the Government of the Democratic People's Republic of Korea in achieving its population and development objectives. The proposed programme is based on the findings and recommendations of a Basic Needs Assessment Mission that visited the country from 13 to 24 March 1989 and takes into account the priorities set in the country's Third Seven-Year Plan (1987-1993).

2. The Democratic People's Republic of Korea (DPRK), a non-priority country for UNFPA assistance, integrates population measures into its comprehensive health, sanitation and development policy. The Government's approach to population is closely related to the goals for the overall development of the country and the requirements of the national economy. To help the DPRK attain its development and population goals, UNFPA assistance would: (a) support the first national census, to be conducted in 1992; (b) foster demographic training and research; (c) strengthen maternal and child health and family planning (MCH/FP) programmes; (d) extend and expand an information, education and communication (IEC) programme in support of family planning; and (e) foster the development of women, population and development projects to improve the lives, roles and status of Korean women. The programme would also strengthen basic research on family planning in the DPRK in order to provide accurate information on contraceptive needs, examine the appropriateness of certain contraceptives and ascertain social and behavioural aspects of contraceptive use.

3. All the projects proposed in this country programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

4. The Democratic People's Republic of Korea has a population of 22.9 million in an area of 122,762 square kilometres. The population density of 190 persons per square kilometre is quite high, considering that 80 per cent of the national territory is mountainous and that only two million hectares (about 17 per cent of total land area) are arable.

5. The DPRK has had family planning programmes since the early 1970s, integrating such programmes into a national maternal and child health programme carried out by the Ministry of Public Health. An information, education and communication programme in support of family planning has also been in operation, relying mainly on national and local exhibition centres for distribution of materials and holding of classes. Training and research in demography and population statistics, however, started only in 1985 with UNFPA assistance. Population data of the type and quality required for central planning and decision-making are quite weak. No census has been conducted in the DPRK in modern times, and population statistics are estimated from the information provided through household registration. According to United Nations estimates, the average rate of population growth in the DPRK for the period 1990-1995 is 2.16 per cent. The crude birth rate is estimated at 26.5 per 1,000, the crude death rate at 5.0 per 1,000, and the rate of natural increase at 21.6 per 1,000. The country's population is relatively young, with a median age of 21.3 years.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

6. UNFPA first provided assistance to the DPRK in 1985, approving four projects amounting to $2.2 million over four years. Three of the projects (in the fields of MCH/FP; information, education and motivation; and population dynamics) were implemented. A fourth project -- to set up a production facility for intrauterine devices (IUDs) -- was not carried out because of the difficulties in obtaining an export license to the DPRK for the sophisticated equipment needed and because of questions related to the overall demand for contraceptives in the country.

Maternal and child health and family planning

7. UNFPA assistance has been used to support the importation of about 270,000 IUDs, thereby making it possible for the Ministry of Public Health to phase out the use of locally made Copper T IUDs, which had very high failure rates and caused serious side effects in some women. UNFPA funds were also used to import 160 mini-laparotomy sets which greatly enhanced the safety of female sterilization. In view of the very heavy reliance of DPRK health authorities on IUDs (government statistics reveal that as high as 80 to 90 per cent of all contraceptive users in the DPRK are using an IUD), the UNFPA Basic Needs Assessment Mission recommended that other contraceptive methods such as injectables, pills and spermicides be imported.

8. UNFPA assistance has sought to improve health and family planning statistics in the DPRK. These efforts have been only partially successful because of problems encountered in importing data-processing equipment and in recruiting an international consultant. Another source of difficulty has been the general unavailability of primary data, which has made training in data analysis almost impossible.

Population information, education and communication

9. UNFPA assistance was used to strengthen the capacity of the Health Education and Motivation Department of the Ministry of Public Health to produce and disseminate IEC materials. Such materials have been distributed and displayed in more than 12 health education and motivation halls located in various parts of the country. UNFPA funds supported the purchase of printing equipment and the training of technicians, both of which enabled the Department to produce pamphlets and posters in support of family planning. Moreover, the procurement of slide projectors, overhead projectors, cameras, and sound systems enhanced the effectiveness of the health education and motivation halls. Owing to the dedication of the Korean staff and to the capable technical backstopping and project management provided by UNDP's Asia and Pacific Programme for Development Training and Communication Planning (DTCP/OPS), this IEC project has proved very successful.

Population dynamics

10. A UNFPA mission to the DPRK in 1984 found that the population data available at the time were insufficient for proper analysis of the demographic situation. This, in turn, made the formulation of a comprehensive population programme impossible. One of the mission's recommendations, therefore, was for the establishment of a National Population Centre that would collect, analyze and publish data for development planning. The Centre was set up in 1985, under the Administration Council, the highest executive co-ordinating body in the DPRK. The Centre worked closely with the Ministry of Public Health, the State Planning Commission, the Central Bureau of Statistics and other agencies.

11. UNFPA assistance to the National Population Centre included support for the services of an International Population Adviser, as well as for staff training both in the DPRK and abroad. After four years, however, owing to a generally weak background in the requisite disciplines, most staff members of the Centre were still only partially trained in demography and statictics. Four staff members were sent to China for a year's training in demography. About 40 staff members attended classes conducted by the International Population Adviser. Operations at the Centre were also hindered because of the considerable delays encountered in the purchase and importation of computers. Although requests for bids were sent out in 1985, the computers were purchased and installed only in 1989. Because of the various problems and delays, the Centre still has not been able to fulfil its task of collecting, analyzing and publishing population data for the DPRK. Neither has the Centre been able to perform its function of co-ordinating data collection and analysis in support of development planning.

Other external assistance

12. Although UNFPA is the only United Nations agency providing the DPRK with assistance directly related to population, quite a number of other United Nations

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agencies have assisted the DPRK with programmes that have indirect links to population. For example, the United Nations Children's Fund (UNICEF) has been conducting a country programme in the amount of $961,500 for immunization, education and nutrition of children. The World Health Organization (WHO), which serves as the executing agency for about $218,000 worth of UNDP assistance, conducts a $630,000 programme from its own funds focused on biomedical research and the control of environmental hazards. The Food and Agriculture Organization of the United Nations (FAO) is supporting projects to help enhance the role and status of women (a $350,000 project in mushroom production as well as projects in fish processing). UNDP, the only United Nations agency with a resident office in the DPRK at present, has been supporting projects aimed at introducing modern computers into the country to help in railroad management. But restrictive international regulations make it extremely difficult to obtain licenses to export modern computers to DPRK, and the UNDP project has spearheaded development in this area. The strengthening of training in computer operations, repairs and maintenance arising from the UNDP-assisted project has important implications for future UNFPA-supported projects in the DPRK.

IV. FINDINGS AND RECOMMENDATIONS OF THE BASIC NEEDS ASSESSMENT MISSION

13. The Basic Needs Assessment Mission to the DPRK from 13 to 24 March 1989 noted the paucity of reliable population data and recommended support for the first census in the modern history of the DPRK, to be held in 1992. The Mission also recommended the strengthening of UNFPA support to training in demography and statistics as well as to population programmes of the National Population Centre, Kim Il Sung University, the Ministry of Public Health and the Central Bureau of Statistics. Data-processing equipment in the DPRK is old and outmoded, and the capacity for calculating and analyzing statistical data needs urgent upgrading. The Mission recommended purchase of more modern equipment; training in computer operation, repair and maintenance; and technical assistance in data analysis.

14. The DPRK does not yet have an explicit population policy, although development plans seek to balance population activities with socio-economic development efforts. The Mission hoped that once reliable population information became available, the DPRK would be able to formulate and adopt an explicit population policy. Specific population and development programmes could then be pursued and institutional measures adopted to help realize population and development goals.

15. The Mission observed the need to strengthen MCH/FP services in the DPRK at the national, provincial and local levels. At the top of the three-tier health system, the Pyongyang Maternity Hospital needs upgrading of its services for the intensive care of newborns and clinical cytogenetics. At the second tier of provincial hospitals, support is needed for basic equipment for operating rooms, labour rooms, nurseries, and family planning clinics, as well as for

training of medical and nursing staff. At the third tier of country hospitals and rural area polyclinics, basic equipment and supplies are also needed, especially for strengthening MCH/FP services.

16. According to information given to the Mission, the DPRK currently relies on intrauterine devices for 80 to 90 per cent of all contraceptive users. The Mission recommended that a wider range of contraceptives should be made available in order to ensure that a variety of contraceptives would be available to meet individual needs. The Mission raised some questions about the feasibility of establishing an IUD production facility in the DPRK, basing its reservations on the relatively small number of IUDs required to accommodate married women of reproductive age, the lack of local sources of raw materials, and the difficulty of finding a supplier for the equipment and materials that would be needed to set up such a factory. The Mission recommended, instead, that UNFPA support focus on providing a wider variety of contraceptives, since this would not only be more cost effective but also help avoid over-reliance on the IUD.

17. The integration of population IEC activities with general health education and sanitation campaigns was lauded by the Mission. The Mission recommended, therefore, that UNFPA continue to support the project on publicity, health education and family planning motivation that was launched in 1985. The Mission proposed that an expanded IEC effort should reach to rural areas and use appropriate face-to-face communication approaches.

18. In the area of women, population and development, the Mission recommended that population information in the DPRK be gathered, analyzed and reported according to gender so as to enhance the capacity for development planning to specifically address the needs of women. The Mission also pointed out the need for a national focal point for women's activities. A number of income-generating projects for women were also recommended, especially in the area of small-scale enterprises and rural co-operatives.

V. PROPOSED PROGRAMME 1990-1993

19. The proposed programme was formulated in close consultation with the Government of the Democratic People's Republic of Korea. The projects supported by UNFPA in the DPRK have been evaluated and, combining the results of this evaluation with the findings and recommendations of the Basic Needs Assessment Mission, the resulting situation analysis provided the basis for the proposed programme. All proposed activities in the new programme are designed to complement Government efforts and to help the DPRK achieve its population and development objectives. The programme is comprehensive, addressing the interrelated isuses of MCH/FP, IEC, basic data collection, population dynamics and women, population and development. A portion of the assistance has been provided in 1989 to support pre-project activities prior to the start of the new programme.

Maternal and child health and family planning

20. In the DPRK, maternal and child health is integrated with family planning, and these services, in turn, are closely linked to the overall health services provided at the national, provincial and local level. Nation-wide, there are 2,401 hospitals (including 14 maternity hospitals and 13 children's hospitals) and 5,644 clinics. In addition, there are about 60,000 nurseries and kindergarterns that also provide MCH care through their own clinics. In general, preventive and curative medical services in the DPRK are effectively provided through a "section doctor system" which allocates responsibility for health care in specific localities to individual doctors and other health care personnel.

21. By 1993, when the proposed country programme would end, it is expected that a highly integrated, effective three-tier MCH/FP programme would be in operation in selected parts of the country. The proposed assistance at the primary level would focus on strengthening service delivery at Pyongyang Maternity Hospital, enabling it to serve as the main referral point for MCH/FP services nationally. This would be complemented by additional support to selected provincial hospitals at the second tier. Finally, special attention would be given to services at the third tier, where assistance to county hospitals and ri (village) hospitals and polyclinics would be extended in the form of training, basic life-saving equipment, and materials and supplies. Since the level of UNFPA assistance would be insufficient to cover the whole country, the programme would mainly support pilot projects in selected provinces. UNFPA proposes to provide $900,000 of assistance in this area. WHO would serve as the executing agency.

22. In the field of family planning, a variety of contraceptives would be introduced into the DPRK to respond to the various needs of contraceptive users and lessen the dependence on the IUD. Pills, injectables, implants, spermicides and various barrier methods and hormonal contraceptives would be imported, trial tested and distributed in the country. The programme would also seek to strengthen the country's capacity in carrying out contraceptive research, especially at Pyongyang Maternity Hospital, through such activities as the training of professional staff, the introduction of modern analytical equipment, and the ad hoc use of technical assistance if and when appropriate. Another aim of the programme would be to improve the training programmes in provincial and local hospitals, focusing on such areas as IUD insertion, surgical sterilization, use of modern equipment and counselling. Finally, efforts to improve health and family planning statistics would be continued, with intensive training and the importation of modern data-processing equipment. An amount of $200,000 is proposed for contraceptive research.

Information, education and communication

23. From 1985 to 1989, UNFPA assisted the Health Education and Motivation Department of the Ministry of Public Health by strengthening its capacity to produce and distribute health and family planning publicity materials. In the

coming programme period, 1990-1993, IEC and motivation efforts would be expanded, with the aim of closely linking up with the "section doctor system" of MCH/FP delivery. The proposed assistance would seek to greatly expand the capacity of the system to reach more people, primarily through the training of service delivery staff in IEC techniques. IEC in support of MCH/FP would also be extended to promotional activities conducted in such entities as the Union of Agricultural Working People, the League of Socialist Working Youth, the Women's Union and the Federation of Trade Unions. Population education would be introduced into the formal curricula of high schools and would highlight the relationship that exists between over-population and such problems as unemployment, degradation of the environment and the need for social services. UNFPA proposes an amount of $600,000 for assistance to the IEC project. UNESCO would serve as the executing agency.

Basic data collection and analysis

24. UNFPA would provide assistance for the conduct of the first modern census in the DPRK, scheduled to begin on 1 January 1992. The census will collect information on some 20 items, including number of people, age, sex, educational attainment, occupation, housing conditions, migration status, and so forth. Since the DPRK has had no experience in census work, a comprehensive training programme would be launched involving study tours, fellowships, short-term programmes and intensive practical training for personnel engaged in data processing. United Nations experts would provide technical assistance in such areas as questionnaire design, data tabulation and collection, data analysis, report writing and dissemination of census results. Assistance would also be provided in conducting a publicity campaign prior to the census. The proposed census project would specifically address several other problems as well. For example, the Central Bureau of Statistics (CBS) is quite weak at both the national and local level in terms of personnel and equipment. Computer facilities at the CBS are very old (1971 vintage), and more modern equipment would be needed. New computers would be provided at the central CBS office and in 13 provincial statistical offices. Moreover, analytical software would have to be provided at all levels of government, and staff would have to be trained in their use. Another very serious problem requiring attention is the shortage of paper for printing the questionnaires, for computer processing and for printing the census results. About 90 tons of paper would thus have to be obtained through various means, including, if possible, multi-bilateral arrangements. UNFPA would provide $2.2 million for the census project. United Nations Department of Technical Co-operation for Development (UNDTCD) would provide technical backstopping.

Population dynamics

25. Since 1985, UNFPA has been assisting the National Population Centre in Pyongyang in strengthening demographic knowledge and skills in the country. However, as noted above, to date, the collection and analysis of population

statistics in the DPRK is hampered by a general inaccessibility to statistical information. Recent statements by the Government, however, suggest that this may be changing, and if current trends persist, it is expected that by the end of the proposed programme (1993) DPRK population data would be collected, analyzed and freely exchanged internationally.

26. A critical need in the DPRK is the education and training of professional demographers who can do research, teach and train others. In order to improve this situation, in addition to support for the National Population Centre, UNFPA assistance would be used to upgrade an institution currently based in the Economics Department of Kim Il Sung University to the status of a Demography and Statistics Unit. In so doing, by 1993, a course of studies leading to a post-graduate degree in Demography and Statistics would be in operation at Kim Il Sung University. Courses in demography would also be required of students in the faculties of economics, political science, sociology and other related sciences. To achieve these goals, UNFPA would provide resources for fellowships and training abroad, computers, library books and materials, office equipment and other inputs. Technical assistance by both long-term and short-term advisers would be needed. Intensive language training for students selected for studies abroad would also be provided in co-operation with UNDP and other United Nations agencies that have programmes in the DPRK. An amount of $1.1 million is proposed to support the activities in this sector. UNDTCD would serve as the executing agency.

Women, population and development

27. Women have been and continue to be crucial in the transformation of Korean society. However, despite the formal commitment to gender equality on the part of the Government, women in the DPRK still have lower status, lower pay and a lesser role in decision-making than men do. To help improve the role and status of women in the DPRK, all the activities supported under the UNFPA-assisted programme would be assessed in regard to their direct or indirect effects and impact on the lives of women. For example, all data collected, whether through the census or other means, would be disaggregated and analyzed according to gender in order to provide a firm basis for development planning that would be sensitive to the needs of women. An institutional focal point for women in development activities would be set up at the highest levels of Government to help co-ordinate the role of women in development efforts. Moreover, projects designed to create and promote income-generating activities for women would be set up in selected service and light industries. This would be supported by a revolving fund that would support investments in enterprises managed by women and in firms where the majority of workers are women and/or which also produce items directly beneficial to women. In such projects, training and education opportunities would be linked with production so as to enable women to become part of mainstream development activities. Pilot projects would also be set up to develop small-scale enterprises on co-operative farms in areas where women in the DPRK play an important role such as crop production and processing of agricultural products. UNFPA proposes an amount of $600,000 for activities in this sector. FAO would provide technical backstopping.

Programme reserve

28. An amount of $400,000 would be held in reserve for new proposals that would be developed within the framework of the proposed programme.

Monitoring and evaluation

29. UNFPA-supported activities in the DPRK are currently managed by the Office of the UNFPA Representative in Pyongyang, with technical backstopping provided by the UNFPA Country Director's Office in Beijing, China. The standard processes and procedures evolved by UNFPA for the monitoring and evaluation of programme activities would be used in the DPRK to ensure the efficient and effective implementation of the programme. Individual projects would have monitoring and evaluation components built into their activities. The preparation of periodic project progress reports (PPRs), the conduct of annual country reviews (ACRs) and the routine tripartite project review (TPR) meetings would be built into the annual schedule of activities. Routine and special site visits by both the offices in Pyongyang and Beijing as well as by representatives from UNFPA headquarters would also help to assure the smooth implementation of projects. Technical backstopping by executing agencies would help to assure that both substantive and financial/managerial aspects of project activities would be regularly monitored and evaluated.

Programme co-ordination and management

30. The main government agency in charge of co-ordinating the formulation of multilateral programmes in the DPRK is the Department of International Organizations of the Ministry of Foreign Affairs. Once the country programme is approved by the Department, co-ordination of the implementation becomes the responsibility of the Fifth Department of the Ministry of Foreign Trade. Unfortunately, in both offices, the units in charge of programme co-ordination lack staff to oversee the implementation of population programmes. Nor do they have adequate office and communication equipment and data-processing facilities to carry out their tasks well. To help strengthen co-ordination in the DPRK, therefore, UNFPA and the Government would jointly have to provide resources for equipment, computers and training of professional and other staff members. To be effective, a National Programme Officer would be needed in the UNFPA office in Pyongyang to look after all UNFPA projects on a full-time basis.

Financial summary

31. As indicated in paragraph 1, UNFPA proposes to support a programme in the amount of $6 million over four years in the DPRK. UNFPA assistance to the Government of the Democratic People's Republic of Korea for the four-year period 1990-1993 by work-plan category is as follows:

	UNFPA regular resources
	$
Maternal and child health and family planning	1,100,000
Information, education and communication	600,000
Basic data collection and analysis	2,200,000
Population dynamics	1,100,000
Women, population and development	600,000
Programme reserve	400,000
TOTAL	6,000,000

VI. RECOMMENDATION

32. The Executive Director recommends that the Governing Council:

(a) Approve the assistance to the Democratic People's Republic of Korea in the amount of $6 million for the four-year period 1990-1993;

(b) Authorize the Executive Director to allocate the funds and to make the appropriate arrangements with the Government of the Democratic People's Republic of Korea and with the executing agencies.

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GENERAL

DP/FPA/CP/62
5 February 1990

ORIGINAL: ENGLISH

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UNITED NATIONS POPULATION FUND

PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of the Islamic Republic of Iran

Support for an interim population programme

Proposed UNFPA assistance:	$4 million
Estimated value of the Government's contribution:	To be determined
Duration:	Two years (1990-1991)
Estimated starting date:	January 1990
Executing agencies:	Government of the Islamic Republic of Iran United Nations World Health Organization (WHO) United Nations Educational, Scientific and Cultural Organization (UNESCO) United Nations Population Fund (UNFPA)
Government co-ordinating agency:	The Plan and Budget Organization

ISLAMIC REPUBLIC OF IRAN

Demographic facts

Population Total (000)	
Total	56,585
Males	28,784
Females	27,801
Sex ratio (/100 females)	103.5
Urban	31,066
Rural	25,519
Per cent urban	54.9
Population in year 2000 (000)	74,460
Functional age groups (%)	
Young child: 0-4	18.0
Child: 5-14	25.9
Youth: 15-24	18.8
Elderly: 60+	4.9
65+	3.2
Women: 15-49	23.0
Median age (years)	18.1
Dependency ratios: total	89.1
(/100) Aged 0-14	83.0
Aged 65+	6.1
Agricultural population density (/hectare of arable land)	0.92
Population density (/sq. km)	34
Average annual change (000)	
Population increase	1,588
Births	2,363
Deaths	418
Net migration	-359
Annual population total (% growth)	2.63
urban	3.72
rural	1.21
Crude birth rate (/1000)	39.0
Crude death rate (/1000)	6.9
Net migration rate (/1000)	-5.9
Total fertility rate (/woman)	5.43
Gross reproduction rate (/woman)	2.65
Net reproduction rate (/woman)	2.36
Infant mortality rate (/1000)	53
Life expectancy at birth (years)	
Males	66.6
Females	67.8
Both sexes	67.2
GNP per capita (U.S. dollars, 1987)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1989. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

* World Bank data not available.

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I. SUMMARY

1. At the request of the Government of the Islamic Republic of Iran, the United Nations Population Fund (UNFPA) proposes to support an interim population programme in the amount of $4 million over a two-year period, beginning January 1990, to assist the Government in meeting its current needs in maternal and child health and family planning (MCH/FP) service delivery, while assessing future needs and laying the foundation for a comprehensive country programme starting in 1992. This would be the first population programme for the country since the resumption of UNFPA assistance in 1984.

2. The proposed interim programme is based on the findings and recommendations of a Basic Needs Assessment Mission that visited the country from 7 April to 5 May 1989. The mission emphasized the need to: (a) strengthen the capacity of demographic data collection and analysis in order to provide a more accurate assessment of the country's needs in the field of population; (b) update professional skills and experience; and (c) provide technical support for integrating population into development planning at the macro level. It is hoped that the implementation of this interim programme and of the subsequent comprehensive programme will enable the country to reduce the total fertility rate (TFR) from the current level of 6.4 children per woman, as estimated by the Government, to 4.0 over the next 20 years.

3. Since the proposed interim programme is of a preparatory nature, it would focus on assisting the Government in developing its technical, administrative and management capabilities to meet current needs in the field of population, especially in the area of MCH/FP service delivery and in preparations for a more comprehensive population programme in the future. The main activities of the interim programme would include: (a) improving the collection and analysis of demographic data; (b) instituting birth care services in rural areas through the training of rural midwives; (c) improving MCH/FP service delivery, including increasing the supply of contraceptives; (d) incorporating population education into the formal school curriculum; and (e) creating income-generating opportunities for women.

4. All projects under the proposed interim programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survivial of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

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II. BACKGROUND

5. According to United Nations projections for 1990, the population of the Islamic Republic of Iran is approximately 56.6 million, with an average density of 34 persons per square kilometre. Nearly two-thirds of the people live in the western zone, which includes the province of Tehran. The density of population is very low in the southern provinces, varying from 5 persons per square kilometre in Semnan Province to 17 in Khorasan Province, which borders Afghanistan. According to various official sources, there are approximately 3 million refugees in the country. Of these, 2.35 million are Afghan.

6. Although the Islamic Republic of Iran is rich in many resources, including significant deposits of oil and natural gas, the country's economy has been adversely affected by several factors. For one thing, protracted hostilities with a neighbouring country, halted by a cease-fire in August 1988, consumed a considerable portion of the country's human, financial and physical resources. For another, the high rate of population growth, increased internal migration, the influx of about 3 million foreign refugees and a drop in foreign exchange earnings due to falling oil prices have all added to the country's economic difficulties. Following the cease-fire in 1988, however, there has been a spurt of economic activity that points towards economic re-generation. Moreover, the first national development plan for the years 1989-1994 was presented to Parliament in August 1989 for its approval.

7. Family planning received official recognition in 1967, when it was declared a basic human right in what is known as the Tehran Declaration. Later that same year, an official family planning programme was introduced in the country. A decade later, the census of 1976 showed that the population growth rate had declined from 3.69 per cent in 1966 to 2.32 per cent in 1976. After the Islamic Revolution of 1977, the family planning programme was incorporated into maternal and child health services, and contraceptives were distributed under the official family health delivery programme.

8. Following the cease-fire of 1988, the Ministry of Health and Medical Education took up serious discussions and consultations regarding population, in particular the rapid growth rate. The Government, realizing that at current rates the country's population would increase to 80 million by the year 2000, organized a population conference in Mashad from 10 to 12 September 1988. The conference, which was addressed by the President and Prime Minister, examined population and development issues under three principal topics: (a) factors of population growth; (b) population needs and requirements; and (c) policies and strategies for population. One of the main conclusions of the conference was that a multi-dimensional policy for population was required to reduce the rate of population growth.

9. Following the Mashad Conference, the Government established a Population Committee under the Ministry of Health and Medical Education. Representatives

from the Government's Plan and Budget Organization and the University of Tehran also served on the Committee. Furthermore, the National Committee for Health Planning adopted population as its most important issue and recommended a set of targets to be achieved over different time frames for the next 20 years. The suggested national target was to reduce the total fertility rate from its current level of 6.4 children per woman, as estimated by the Government, to 4.0 in the next 20 years. This would result in a growth rate of 2.3 per cent in the same period.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

10. UNFPA's collaboration with the Islamic Republic of Iran was quite extensive during the period 1970-1976. Major activities included research on family planning programmes, communications support for MCH/FP, and surveys on population growth. Total UNFPA assistance up to 1983 was $2.36 million. After a two-year hiatus, UNFPA resumed assistance to the Islamic Republic of Iran in 1984, mainly for activities in the MCH/FP sector, including training for family health directors, health workers and senior family health officials, study tours, and the provision of contraceptives and medical equipment. In 1988, at the request of the Government, UNFPA provided an additional $300,000 for the purchase of contraceptives. Between 1984 and 1989, total UNFPA assistance to the country amounted to $1.06 million.

11. During the past five years, UNFPA assistance to the country has been provided on an ad hoc project basis. Under a project to support the MCH/FP programme, which began in 1985, UNFPA assisted the Government in setting up 20 new Health Houses in Zanjan Province. This involved organizing workshops to enhance managerial skills, improving information, education and communication (IEC) activities for MCH/FP, and providing medical equipment and various kinds of contraceptives. The project suffered repeated delays in delivery of equipment, selection of candidates for fellowships and consultancy services primarily because of the war. As a result, the project was terminated at the end of 1988. Accumulated UNFPA input was $800,000.

12. A major project currently under way is one on fertility behaviour research. The purpose of this project, which is essentially a fertility survey, is to provide the database needed to map out a strategy for programmes of birth spacing and family planning. UNFPA support covers the costs of consultancy services, demographic fellowships, study tours and data-processing equipment. The United Nations Department of Technical Co-operation for Development (UNDTCD) is executing this project, which has a total budget of $230,000.

Other external assistance

13. At the moment, the Islamic Republic of Iran's only bilateral technical collaboration is with Japan for the development of paddy cultivation in Gilan Province. Japan has also provided a number of vehicles to the country through the United Nations Children's Fund (UNICEF) for a national public health care

programme which includes aspects of MCH/FP. As for multilateral assistance, the UNDP Governing Council approved UNDP's fourth country programme (1989-1991) at its thirty-sixth session in June 1989.

14. Apart from UNFPA support, no significant external assistance has been given to the Government in the area of population. Population-related inputs by other donors have been concentrated mainly in the health sector, the principal contributors being UNICEF and WHO. Like UNFPA, UNICEF resumed operations in the country in 1984. In the past five years, UNICEF has worked principally in the areas of child survival and development, focusing on such activities as oral rehydration, immunization, promotion of breast feeding, nutrition, and training of birth attendants, among others. It also recently conducted a comprehensive study on the national situation of women and children. The findings of this study may be used as a basis for future inter-agency co-operation in the area of MCH/FP. WHO assistance comprises small technical inputs into the field of health development as part of its campaign of "Health for All" by the year 2000. In combined family health programmes, including family planning, WHO will provide funds during 1989-1991 to be spent on short-term consultancies, computer software and eight fellowships to study diarrhoeal disease control (DDC) at the International Centre for Diarrhoeal Disease Research in Bangladesh.

IV. PROPOSED INTERIM PROGRAMME 1990-1991

15. The proposed UNFPA interim programme of assistance to the Government of the Islamic Republic of Iran for 1990-1991 is based on the findings and recommendations of a UNFPA Basic Needs Assessment Mission that visited the country from 7 April to 5 May 1989. Although in recent years Government officials have increasingly become more attuned to the need to address population problems, the orientation of population policy in the current national development plan requires further clarification. Therefore, the proposed interim programme is of a preparatory nature, responding to the current needs of the Government in MCH/FP service delivery while assessing the country's needs for the future.

16. The two-year programme proposed by UNFPA would be in the amount of $4 million and has components in the areas of MCH/FP, basic data collection and analysis, IEC, population dynamics, and women, population and development. The proposed interim programme would assist the Government of the Islamic Republic of Iran in: (a) developing the national capacity to collect, process, analyze and disseminate demographic data through the training of staff and the provision of data-processing equipment; (b) improving the quality and coverage of MCH/FP services through the training of rural midwives and the provision of contraceptives; (c) incorporating population education into the formal school curriculum; and (d) promoting the more active participation of women in development.

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17. The proposed programme would seek to achieve these objectives through the following strategies:

(a) Reinforcing the Government's Plan and Budget Organization and other concerned departments in the collection, evaluation, and analysis of demographic data and in the science of projecting population trends. This would be done primarily through the provision of microcomputer equipment and the training of staff in the use of microcomputer technology;

(b) Increasing contraceptive prevalence through the introduction and provision of additional varieties of contraceptives. The programme would make the presently-expanding Health House network an effective channel for the distribution of contraceptives;

(c) Reducing maternal mortality through the establishment of training centres for rural midwives. The present Health House network is not designed to provide birth care services. The programme would thus help the Government in establishing 30 training centres for rural midwives in order to reduce maternal mortality. The trained rural midwives would be used as agents to provide systematic family planning at the rural level;

(d) Setting up pilot projects in the IEC and women sectors which can provide valuable feedback to be used in the design of future programmes.

Maternal and child health and family planning

18. Improvement of contraceptive services. There are several important factors that indicate that there will be increasing demand for contraceptive services in the country. These include declining infant mortality, a rising literacy rate, a relatively small proportion of the population (20-25 per cent) engaged in agriculture, a high proportion of the population living in urban areas (60 per cent) and an expanding health coverage in rural areas. However, existing services and supplies are inadequate to meet such increased demand. There is a need, therefore, to make use of the expanding Health House network as an effective channel for delivering increased levels of contraceptive supplies and services.

19. The project to improve the supply and distribution of contraceptives therefore should include as its major components: (a) a contraceptive prevalence survey to define clearly recent trends in contraceptive practice and levels of demand; (b) a functional analysis study of the Health House network to assess the network's capacity to provide contraceptive services and determine what policy options are needed to enhance its capacity to handle family planning services; (c) technical assistance to strengthen clinical counselling, contraceptive education and follow-up, each of which is expected to emerge as an important service need as services and supplies expand; (d) a stepped-up effort to supply contraceptives such as condoms and intra-uterine devices (IUDs)

to overcome existing shortages and to introduce injectables as a new method; and (e) a study tour to observe contraceptive production facilities in other countries, in order to gather information that can be used in preparing a plan to develop a quality control scheme for the local production of birth control pills and to look into the possibility of producing condoms and IUDs locally in the future.

20. The actual cost of this project would depend to a large extent on how much of the required contraceptives would be provided by UNFPA. Assuming that UNFPA would provide the bulk of the need, the estimated cost for this project would be in the range of $800,000 over a period of two years.

21. Rural birth care services. Maternal mortality is disproportionately higher in rural areas than in urban areas (184 per 100,000 births compared to 63 per 100,000, respectively). Since the country's programme to expand rural health services through the Health House network is not designed to provide birth care services, its impact on maternal health is likely to be only marginal. In fact, despite a declining trend in infant mortality, maternal mortality remains high. A project should therefore be developed with the aim of instituting birth care services in rural areas through the training of rural midwives. The Government plans to establish 75 training centres over a five-year period to train 4,500 midwives through a six-month training course. UNFPA support over the next two years would be used to set up 30 training centres to provide training for about 2,000 midwives. An evaluation would be conducted before expanding the centres nation-wide. Major components of the project would be: (a) technical assistance to develop an appropriate curriculum and training work plan; (b) provision of basic equipment needed for the training centres; and (c) provision for an evaluation at the end of the project to assess the effectiveness of the midwife training concept. The estimated UNFPA input would be $1.2 million.

Information, education and communication

22. Integration of population education into literacy programmes. The Iranian Constitution guarantees each citizen the right to free education for up to 12 years of schooling, although such education is not compulsory. As a result of the Government's emphasis on human resource development and education, in the decade from 1976 to 1986 illiteracy among persons 6 years of age and above declined from 57 per cent to 37 per cent. In 1986, 71 per cent of literates were male and 29 per cent were female.

23. The Government has embarked on a programme to achieve full national literacy (that is, a minimum of eight years of education for all) by the year 2000. There is also a curriculum development process under way to incorporate ethical values, national culture, job experience, and new skills for employment into formal education. As part of this effort, the Government has determined that it is most appropriate that population education also be incorporated into

this new curriculum. Population education would also be incorporated into the training curricula of primary school teachers, particularly since the majority of these teachers are women. Major school components of the project would include technical assistance to develop new literacy primers, training packages, and training curricula that would contain appropriate units on population. UNFPA input is estimated at $300,000. The project would be executed by UNESCO.

Basic data collection and analysis

24. Demographic analysis of the 1986 population census data. The Statistical Centre, under the Plan and Budget Organization, has, over the last four decades, established institutional capacities for conducting censuses and other nation-wide surveys. The last population census was conducted in 1986. The processing of 1986 census data is expected to be completed shortly. Furthermore, as part of its current activities, the Statistical Centre plans to follow up on the survey of socio-economic characteristics of households that was started in 1988 and is planned through 1990. UNFPA assistance is required to help the Statistical Centre in conducting the above-mentioned activities. This project would support the Centre's efforts to synthesize the results of the census and the household survey and provide estimates of the major demographic parameters for the country relating to fertility, mortality, and urbanization, among others. This would enable the Centre to make population projections that are needed in socio-economic development planning. The project would also support a study on population and regional development proposed by the Department of Demography and Planning Research of the Ministry of Housing and Urban Development.

25. Studies in fertility behaviour. In order to help in mapping a strategy for programmes of birth spacing and family planning, a fertility study is urgently needed. In 1989, with UNFPA's assistance, the Ministry of Health and Medical Education carried out a preliminary knowledge-attitude-practice (KAP) study. Following a review of the study, it was agreed that the study should be expanded along the lines of a fertility survey to include estimates of levels, trends and characteristics of acceptors of birth spacing and family planning as well as to provide estimates of infant, child, and maternal morbidity and mortality. The survey is to be implemented by the Ministry of Health and Medical Education, with technical backstopping to be provided by the country's School of Public Health. UNFPA support for this project in the amount of $200,000 would include equipment (microcomputers, technical books, etc.), training in survey research and use of microcomputers, and short-term consultancies.

Population dynamics

26. Training in population and development. At present, only the University of Tehran provides academic training in population and demography at the university level. Such training, however, is offered only at the master's level;

demography is not available in the social-science curriculum of undergraduates, even as an elective. Assistance is needed, therefore, to help the University's Department of Demography (in the Faculty of Social Sciences) strengthen its curriculum both at the undergraduate and postgraduate level. There is also a need for the procurement of textbooks, journals, and microcomputer and audio-visual equipment, as well as for in-service hands-on training in the use of microcomputers (for both students and government staff); for fellowships for study abroad, and for relevant consultancies. Proposed UNFPA assistance would be $200,000. UNDTCD would serve as the executing agency and provide technical assistance.

27. Population research. There are currently four national institutions engaged in demographic evaluation of population census and survey data: the Population Manpower Bureau of the Plan and Budget Organization, the Statistical Centre, the School of Public Health, and the Department of Demography of Tehran University. These institutions have jointly or separately undertaken research on different aspects of population. However, several constraints appear to have prevented them from increasing the national capacity for population research, most notably a lack of an integrated and coherent research plan and of specialized skills in advanced techniques of demographic analysis, as well as the unavailability of microcomputers. UNFPA would assist the Plan and Budget Organization in developing an integrated programme of population research on substantive issues in the context of the country's plans for socio-economic development and in assigning and co-ordinating the research programmes among the various institutions. UNFPA assistance would also be used to support the Plan and Budget Organization in undertaking policy-oriented studies and research, based on the interrelationships between population, social and economic variables. Project activities would include the development of an integrated, well-articulated and coherent plan for population research, assignment and co-ordination of research among the four major institutions, development of specialized skills in advanced techniques of demographic analysis, and procurement of adequate microcomputer facilities with attendant demographic and statistical software. UNFPA assistance is estimated at $200,000. UNDTCD would serve as the executing agency and would provide technical backstopping.

Women, population and development

28. Self-employment and income-generating activities for women. According to the 1986 census, some 987,000 women were employed outside of the home. This constituted only about 9 per cent of the total labour force in the country. Forty-six per cent of the country's women live in rural areas, and the majority are illiterate. The Ministry of Labour and Social Affairs has recently developed a programme to provide women with greater access to the market-place. Among the key activities of the programme are training in basic principles of self employment and the creation of income-generating activities. UNFPA would help develop a pilot project along these lines especially directed towards rural

women. UNFPA support for this project would include seed money for income-generating activities as well as support for family health and population education within the framework of the project. Estimated UNFPA input would be $350,000. The project would be executed by FAO and the Government.

Programme reserve

29. UNFPA proposes to establish a programme reserve of $400,000 to cover as yet undetermined needs that may arise during the implementation of the country programme.

Programme co-ordination

30. The Plan and Budget Organization is responsible for mobilizing, monitoring and co-ordinating all external assistance to the country. In the field of population, the Bureau of International Economy and the Ministry of Health and Medical Education are currently the two major focal points. However, their expertise and capacity to oversee population programmes are relatively weak. Thus, in response to the recent Government recommendation to develop and implement a national population programme, it is anticipated that the Government will strengthen the institutional machinery for co-ordinating population activities. The proposed programme thus makes provision for assisting the Government in strengthening its socio-economic development planning through improvement of the collection and analysis of demographic data. Furthermore, the UNDP field office would co-ordinate the UNFPA programme with other population activities through periodical consultations with other donors, as well as with all agencies participating in the UNFPA country programme.

Programme monitoring, evaluation and management

31. Implementation of the UNFPA programme would be monitored by UNFPA and the executing agencies in accordance with "UNFPA guidelines for monitoring and evaluation of UNFPA-sponsored projects and programmes". Additional monitoring and evaluation criteria would be built into all projects during the formulation stage. A review would be held in mid-1991 to ascertain whether programme objectives were being met and to develop a strategy for future activities.

32. The country programme would be co-ordinated and monitored by the UNDP Resident Representative who also serves as the UNFPA Representative. Given the scope and magnitude of the proposed country programme and the heavy workload of the UNDP field office, UNFPA, which has neither a country director nor a national programme officer in the country, would assign a programme assistant to the UNDP office.

Financial summary

33. As indicated in paragraph 1, a programme of $4 million is proposed. This commitment would cover all areas under UNFPA's mandate. The breakdown by work-plan category is as follows:

	UNFPA regular resources
	$
Maternal and child health and family planning	2,000,000
Information, education and communication	300,000
Data collection and analysis	550,000
Population dynamics	400,000
Women, population and development	350,000
Programme reserve	400,000
TOTAL	4,000,000

V. RECOMMENDATION

34. The Executive Director recommends that the Governing Council:

(a) Approve the interim programme for the Islamic Republic of Iran in the amount of $4 million for the two-year period 1990-1991;

(b) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of the Islamic Republic of Iran and with the executing agencies.

UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Dist.
GENERAL

DP/FPA/CP/63
26 January 1990

ORIGINAL: ENGLISH

Thirty-seventh session
28 May - 22 June 1990, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS
Recommendation by the Executive Director
Assistance to the Government of Equatorial Guinea
Support for a comprehensive population programme

Proposed UNFPA assistance:	$2.3 million, of which $1.6 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $0.7 million may be committed by UNFPA. If, and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1990
Executing agencies:	Government of Equatorial Guinea United Nations International Labor Organisation (ILO) United Nations Educational, Scientific and Cultural Organization (UNESCO) Food and Agriculture Organization of the United Nations (FAO)
Government co-ordinating agency:	Ministry of Planning and Economic Development

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90-02183

EQUATORIAL GUINEA

Demographic facts

Population Total (000)	
Total	440
Males	216
Females	224
Sex ratio (/100 females)	96.6
Urban	284
Rural	156
Per cent urban	64.5
Population in year 2000 (000)	561
Functional age groups (%)	
Young child: 0-4	16.9
Child: 5-14	25.2
Youth: 15-24	18.3
Elderly: 60+	6.4
65+	4.1
Women: 15-49	23.1
Median age (years)	19.0
Dependency ratios: total	85.6
(/100) Aged 0-14	78.0
Aged 65+	7.6
Agricultural population density (/hectare of arable land)	1.03
Population density (/sq.km.)	16
Average annual change (000)	
Population increase	11
Births	19
Deaths	8
Net migration	0
Annual population total (% growth)	2.42
urban	3.53
rural	0.21
Crude birth rate (/1000)	41.6
Crude death rate (/1000)	17.4
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.56
Gross reproduction rate (/woman)	2.74
Net reproduction rate (/woman)	1.97
Infant mortality rate (/1000)	117
Life expectancy at birth (years)	
Males	46.9
Females	50.1
Both sexes	48.5
GNP per capita (U.S. dollars, 1987)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1989. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

* World Bank data not available.

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I. SUMMARY

1. At the request of the Government of Equatorial Guinea, the United Nations Population Fund (UNFPA) proposes to support a first population programme in the amount of $2.3 million over a three-year period, starting January 1990, of which $1.6 million would be provided from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $0.7 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.

2. This first UNFPA-assisted programme in Equatorial Guinea is based on the findings and recommendations of the Basic Needs Assessment Mission which visited the country in March 1989, as well as on discussions between representatives of UNFPA and the Government. The programme, which takes into account lessons learned from the experiences of previous UNFPA assistance to Equatorial Guinea, is consonant with the priorities of the strategy for UNFPA assistance in sub-Saharan Africa (document DP/1987/37), as well as the Fund's strategy for dealing with issues concerning women, population and development (document DP/1987/38). Special care has been taken to ensure that the proposed programme would be co-ordinated with the assistance provided by other donors.

3. The overall objective of the proposed programme is to help the Government build up national capability in the formulation, implementation and monitoring of population programmes and to integrate these programmes into the country's general socio-economic development process. The main objectives of the proposed programme are to establish a national framework for population activities, to improve maternal and child health (MCH) through the strengthening of primary health care including the initiation of family planning (FP) activities, and to increase awareness of population issues and promote responsible parenthood. Special attention would be given to the improvement of the status and role of women in the development process.

4. The proposed strategy has been formulated with the knowledge that implementation of this first country programme would be hampered by the lack of qualified personnel in all fields, as well as of materials, equipment and infrastructure. The strategy also takes into account the fact that in Equatorial Guinea awareness of population issues and of the advantages of safe motherhood and responsible parenthood are still limited, even among decision-makers, planners and health workers. The strategy is thus aimed at building up appropriate institutions in the field of population and development and MCH/FP, strengthening the Government's technical capacity and developing a coherent set of population information, education and communication (IEC) activities, as well as enhancing women's involvement in population and related development activities.

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5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action: that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (c)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. According to 1983 census results announced recently, Equatorial Guinea's population was approximately 300,000 in 1983. Estimates based on this census indicate a population of 350,000 in 1990.[1/] The country is composed of two regions: the island region of Bioko (which according to the census had 20 per cent of the population) and the continental region of Rio Muni (with 80 per cent). Equatorial Guinea is a priority country for UNFPA assistance and is classified by the United Nations as a least developed country. The economy of Equatorial Guinea is largely based on agriculture and forestry.

7. During the decade following Independence in 1968, the development process in Equatorial Guinea practically stopped because of political reasons. The infrastructure of the country, including schools and health centres, was destroyed or abandoned, and a large part of the population, including many of the educated and skilled among its ranks, was driven into exile. The change of Government in 1979 brought about the re-establishment of the country's administrative structure and the return of part of the exiled population. However, the standard of living of the population remains among the lowest in the world (according to the UNDP 1987 Development Co-operation Report on Equatorial Guinea, the GNP per capita was estimated at $260 in 1986-1987), and Equatorial Guinea is heavily dependent on international assistance. The economic prospects of the country are further burdened because of the strain on revenues caused by the need to service the external debt, which consumed 66.9 per cent of total revenues in 1987.

8. The overall demographic situation in Equatorial Guinea since Independence has been characterized by relatively slow population growth. In the 1970s, the population actually declined due to emigration and high mortality (life expectancy is currently estimated at 48.5 years). The total fertility rate

1/ The United Nations estimate, which is based on projections made in 1988, is approximately 440,000 for 1990.

(5.6 children per woman) remains lower than the average for African countries as a whole (6.5), and the annual population growth rate is approximately 2.4 per cent. High infant mortality (estimated at 117 per 1,000) resulting from malaria, respiratory and diarrhoeic diseases and parasitoses remains one of the main health problems faced by the Government. Internal and external population movements (for which accurate estimates are not available) have resulted in an unbalanced population distribution and a high number of nationals living abroad. The urban population is concentrated in the country's two main towns, Malabo and Bata.

9. On the occasion of the 1984 International Conference on Population in Mexico City, the Government published a statement on population. According to this statement, its policy is aimed at increasing the protection of vulnerable groups within society (mainly children and women) through the implementation of specific programmes in the fields of health, education and women's welfare; increasing the life expectancy of the whole population through the improvement of health standards; and encouraging the return of nationals living abroad.

10. Although the Government has not formulated an explicit development plan, it has outlined a framework to set out development priorities and to identify the projects to be implemented. The Government has also taken measures to consolidate the national system for planning by establishing co-ordinating machinery and strengthening the national statistical system. Even with a firm intention to incorporate population factors into the national development strategy, however, such integration is very difficult owing to the lack of data, skilled professionals, equipment and financial resources.

11. In the maternal and child health/family planning sector, re-establishing and strengthening service delivery is the first priority. The Government is particularly concerned about the problem of early and late pregnancies, which it considers important causes of infant and maternal mortality and subfertility. This has led to efforts to make senior officials aware of issues relating to responsible parenthood and safe motherhood, to organize training for doctors and nurses both locally and abroad, and to formulate procedures for family planning service delivery.

12. The lack of skilled medical and paramedical personnel is one of the major bottlenecks in the health sector. More than 50 per cent of medical professionals are foreigners, and 80 per cent of all medical professionals are located on Bioko island. Training or refresher courses for doctors, medical assistants and nurses have focused on primary health care, especially on mother and child care. A nursing school located in Bata, which re-opened in 1983 after a ten-year hiatus, is currently giving three years of practical and theoretical training to 15-20 nurses per year (one third of whom are women). Training for doctors is not available in-country.

13. The education sector also suffers from a host of problems. The lack of teachers, adequate infrastructure and materials, and financial resources hampers

Government efforts to rehabilitate the country's educational system (66 per cent of the population is illiterate). The closing of schools all over the country in the 1970s resulted in an exodus of teachers that is still being felt today. Furthermore, at present, only 60 per cent of boys and 40 per cent of girls are registered in primary schools, and the number of school drop-outs remains high. The number of primary school teachers trained at the National Teachers School in Malabo is insufficient to meet existing needs. There is currently no training school for secondary teachers, who are typically either foreigners or nationals trained abroad. While a few experimental booklets have been published since 1988, including some with topics on population education, teachers have received no training on population issues.

14. The communications sector in Equatorial Guinea also has serious limitations. Although a few programmes dealing with population and health issues are broadcast on national radio, such programmes are not widely accessible outside cities and their impact is limited because they are broadcast in Spanish rather than in local languages. There is no national newspaper, and the impact of national television, which resumed broadcasting in 1979, is negligible outside of the two main cities. However, recently created "TV Clubs", which are open to the public and have their own television equipment and autonomous sources of energy, could play an important role in the field of population IEC.

15. The promotion and integration of women in the process of development received official recognition with the promulgation of a law in 1980 that created the Secretariat of State for Women's Welfare. On a practical level, however, owing to the lack of financial and human resources, only a few training seminars and a few workshops in handicraft production have been organized. Moreover, although some women occupy key positions, there is still much to be done to improve the status of women in general.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

16. UNFPA assistance to Equatorial Guinea started in 1980 and was provided on an ad hoc basis, concentrating primarily on improving primary health care and on rehabilitating development planning institutions. UNFPA assistance in both of these areas was rather successful. In particular, there are now trained local staff involved in the activities undertaken by MCH/FP centres and by the statistical office. Also, the delivery of MCH/FP services has been enhanced by the provision of equipment, essential materials and medicines and the rehabilitation of premises. Up to 1989, UNFPA had provided Equatorial Guinea with a total of approximately $2.7 million.

17. Several lessons can be drawn from the experiences of UNFPA and other funding agencies. First, assistance should not be limited to that of a technical nature but should also include financial and material resources. Indeed, the Government does not have sufficient resources at its disposal to purchase materials and equipment (e.g., stationery, essential drugs, vehicles, office

furniture) and to maintain them. Nor can it adequately support the salaries of national staff and provide suitable premises. Second, the lack of experienced national counterparts is another serious impediment to the implementation of any programme. This scarcity is aggravated by the choice of many nationals to work in neighbouring countries where salaries and standards of living are higher. Third, the success of any programme requires adequate international technical expertise. Unfortunately, finding appropriate advisers is sometimes difficult, as they must have not only the necessary technical ability but also a knowledge of Africa and be fluent in Spanish. Many advisers, especially those with children, are reluctant to take this difficult assignment.

18. The lessons learned suggest the need for co-ordinated and focused external assistance. Funding agencies must take special care to support national posts and ensure that appropriate technical and administrative backstopping is provided by executing agencies.

Maternal and child health and family planning

19. Assistance to MCH/birth spacing programme. A project in this area was approved in 1983 but, owing to difficulties in recruiting a chief technical adviser, it started only in late 1985. Since MCH services were unavailable anywhere in the country at that time, the first priority for UNFPA assistance was to rehabilitate existing MCH centres before starting to integrate family planning services into the MCH programme. In accordance with project objectives, 27 MCH centres have been furnished and staffed with 78 professionals. At the same time, several nationals have been trained abroad, a statistical system set up and an MCH/child day-care centre built in Bata.

20. An independent evaluation mission fielded in April 1988 reported that the immediate objectives of the project had been achieved but that delivery of MCH/FP services was still very limited, especially in rural areas. A second phase starting in July 1988 aims to rehabilitate 10 additional MCH centres, furnish the nursing school in Bata and begin activities at the MCH/child day-care centre in Bata. The mission also noted that improvements were still needed in providing medicines and medical equipment, in effecting a better geographical distribution of activities and in co-ordinating and implementing MCH/FP service delivery. A total amount of $1.3 million was provided for this project, which was executed by UNFPA.

Data collection and analysis

21. First population and housing census. This project began in March 1980. The enumeration was carried out in July 1983, and preliminary results were obtained the same year. Data processing was completed in 1988, and the first results were made available at the African Population Conference in Dakar, Senegal, that year. However, the five-year delay between the collection of data and the publication of preliminary results could have been reduced if the

technical adviser had had appropriate experience and if the statistical office had had adequate staff and equipment. In the end, however, the project did provide necessary information for development planning, and also led to the creation of a Demographic Analysis and Data Processing Unit with adequately trained staff. It should therefore be regarded as a success. UNFPA contributed a total amount of $993,536 to this project.

22. Strengthening of the Demographic Analysis and Data Processing Unit. This project, which started in April 1988, aims to increase the awareness of population issues and to assist the Government in incorporating population data into its development planning. It also sought to complete the analysis and publication of census data collected in 1983. The primary finding of a September 1989 evaluation mission was that knowledge of population issues had been significantly improved due to the provision and dissemination of analyzed census data. The mission therefore recommended continued support to the newly created Demographic Analysis and Data Processing Unit. UNFPA contributed a total amount of $387,609 to this project.

Other external assistance

23. In 1987, total disbursements of technical and capital assistance to Equatorial Guinea amounted to more than $52 million, an increase of approximately $23 million over the previous year. Technical assistance accounted for 60 per cent of this amount. Bilateral programmes constituted the main source of external assistance (70 per cent). Among the multilateral agencies, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) are executing projects in such fields as primary health care, sanitation and safe drinking water, and training of health personnel. In the health sector, other main sources of assistance are China, Cuba, France, Italy, the USSR and, most importantly, Spain. In the field of education, Spain and the United Nations Development Programme (UNDP) are major donors. UNDP is also involved in projects to foster the advancement of women, while Spain is providing support for the mass media.

IV. PROPOSED PROGRAMME 1990-1992

24. The Basic Needs Assessment Mission of March 1989 pointed out that the socio-economic situation in Equatorial Guinea remains critical, as a large gap between needs and means continues to exist. In order to improve this situation, the mission recommended that physical structures be renovated and that training and institution building be accorded high priority. The mission, noting that efforts to strengthen training would be wasted if the personnel trained were to emigrate, strongly advocated the establishment of suitable positions inside the country to accommodate the trainees.

25. The needs assessment mission recommended that UNFPA assistance should be directed at (a) improving maternal and child health by strengthening primary

health care and initiating family planning services; (b) promoting awareness of population concerns and responsible parenthood by expanding population education; (c) establishing a population unit as the institutional basis for incorporating population into development planning; (d) supporting a second population census; and (e) supporting the programme of the Secretariat of State for Women's Welfare.

26. The proposed strategy designed to attain these objectives would seek: (a) to establish and/or strengthen such institutions as an interministerial technical population committee, a population unit, and a network of family planning centres throughout the country; (b) to develop national human resources and provide adequate international technical expertise; (c) to develop a coherent set of population IEC activities to support all elements of the programme, focusing on target audiences that can be reached through existing administrative structures; and (d) to enhance women's involvement in population activities by strengthening the capacity of the Secretariat of State for Women's Welfare and by integrating women's concerns into all programmes and projects.

Maternal and child health and family planning

27. In spite of some improvements, the MCH sector is far from providing full coverage of the population. The majority of women, especially in rural areas, deliver at home, pre-natal supervision is negligible and women's knowledge of the existence of contraceptive methods is very low. Very few doctors are trained in family planning, and medical assistants and nurses have little or no practical experience in family planning. Moreover, none of the country's health centres currently offers family planning services.

28. To reduce maternal mortality and to decrease morbidity resulting from complications during pregnancy and delivery, maternal health services must be improved. Under the proposed programme, the MCH centres of Malabo and Bata hospitals would be fully equipped. The 25 other centres that have been in operation since 1983 would be brought up to proper standards, and the rehabilitation of 10 additional centres would be completed. Approximately 100 medical assistants or nurses from the MCH centres would receive training at two annual regional seminars on primary health care, which would include instruction in family planning. Moreover, a special project component to train 150 traditional birth attendants from rural areas would be started. This would be preceded by a socio-cultural survey designed to learn more about various ethnic attitudes towards reproduction and family life. The programme would also seek to increase pre-natal consultations and the coverage of service delivery up to 40 per cent in rural areas and up to 70 per cent in urban areas. The aim of these activities would be to reduce maternal morbidity and mortality.

29. As pointed out, the family planning programme would essentially start from zero. In the long term, the objective would be to ensure provision of family planning services throughout the country. During the proposed programme, however, a start would be made by creating two family planning centres in Malabo

and Bata hospitals. This would involve the renovation of the premises, the provision of equipment and contraceptive supplies, and the training of medical and paramedical professionals. Three other provincial family planning consultation centres would also be fully equipped and furnished with contraceptives. In order to lay the groundwork for family planning in rural areas, traditional birth attendants and MCH/FP paramedical personnel would play an important role in informing women about the advantages of regulating fertility and the ways of doing so by referring those women who request services to the family planning centres. Training seminars focusing on the need for family planning and the delivery of such contraceptives as condoms, birth control pills and possibly other methods would be organized for nurses. Several doctors and nurses would also be trained in family planning. Family planning would be integrated into the curriculum of the nursing school in Bata by providing educational and teaching materials. Information on the acquired immune deficiency syndrome (AIDS) and other sexually transmitted diseases would be incorporated into the training programmes. The system for recording service delivery statistics and its supervision would be strengthened. UNFPA proposes to provide a total amount of $750,000 for such MCH/FP activities. The executing agency is to be identified later.

Information, education and communication

30. In order to increase the demand for MCH/FP services, it is important to increase public awareness and to promote demand for and acceptance of these services. Participation at the community level must be encouraged, and various targeted audiences, such as men, women, youth and community leaders, should be reached through IEC activities. These activities would promote responsible parenthood, safe motherhood and family planning. At the same time, decision-makers, government officials and other leaders need to be made more aware of population issues.

31. In promoting a population IEC programme, some specific issues must be taken into consideration. It is critically important that IEC materials be specifically adapted to the local conditions of Equatorial Guinea. However, instead of adapting teaching materials from Latin America, as was done in the past to take advantage of Spanish-language materials, special care should be taken to translate and adapt materials developed in neighbouring Central African countries. Moreover, because of constraints caused by inadequate infrastructure, IEC activities would need to be integrated into existing administrative structures. In urban areas, these structures would be: schools (where parents as well as pupils could be reached), mass media, and MCH/FP centres. In rural areas, where these structures are relatively weak, additional efforts would be required. For this reason, rural trainers of the Ministry of Agriculture have been chosen to serve as agents of the population IEC programme.

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32. To help the Government identify the most effective ways of introducing population and family life education in each level of the school system, preparatory work would be carried out. This would involve the setting up of a core team; the undertaking of a study concerning attitudes towards and knowledge of family life; the formulation of an appropriate methodology; and the development of curricula and necessary didactical materials. If the preparatory phase is successful and the Government expresses continuing interest in the project, UNFPA would support the implementation of a permanent population IEC programme in the school system.

33. The IEC component of the proposed programme would also focus on the sensitization of the urban population primarily through the mass media, notably television and radio. The latter would be particularly useful because of its relatively wide coverage and the low cost of producing local programmes. Seminars and meetings intended for specific groups (parliamentarians, religious leaders, trainers, etc.) and designed to cover special events would be undertaken on a regular basis. The MCH/FP centres would also play an important role in sensitizing potential family planning users, in particular at such times as pre- and post-natal care.

34. Since the Ministry of Agriculture has the necessary structure and staff throughout the country, it would be responsible for implementing a population IEC programme at the community level. Such a programme would focus on sensitizing and educating community and agricultural co-operative leaders, who would then be called upon to transmit messages to the rural population. Programme activities would include the carrying out of socio-cultural research, the identification and training of community leaders, the development of appropriate didactical materials and programmes and the undertaking of educational campaigns.

35. A total amount of $500,000 would be provided by UNFPA for the various activities of the IEC component of the programme. UNESCO and FAO would serve as executing agency and provide technical assistance when and as appropriate.

Data collection and analysis

36. The proposed programme would provide assistance for the preparation and execution of the country's second population and housing census scheduled for July 1993, which would aim at improving the knowledge of demographic factors and at obtaining estimates about population dynamics. Preparatory activities to be undertaken under the first country programme would include: mapping, designing questionnaires and other documents, organizing logistics, sensitizing the population, organizing a pilot census and training local staff. Other activities in this sector would aim at improving the vital statistics systems in Bata and Malabo. The activities envisaged, while limited, would include the training of local staff, revision of registration forms and provision of

technical assistance to process and analyze vital statistics data. UNFPA would provide $400,000 to support data collection and analysis programmes. The United Nations would serve as the executing agency and provide technical assistance.

Population policy formulation

37. In order to enhance the country's capacity to formulate and co-ordinate population activities, the proposed programme would focus on strengthening key institutions in the area of population and development planning. For example, the Demographic Analysis and Data Processing Unit located in the Ministry of Planning and Economic Development would be transformed into a Population Unit, correspondingly changing its current objectives and functions. Owing to the lack of data and to officials' insufficient awareness of population issues, the Unit would focus its activities on incorporating population data (including 1983 census data) into the development process and defining a national framework for population activities. The Unit would not attempt to formulate a comprehensive national population policy at this time. To help co-ordinate population activities throughout the country, an interministerial technical committee on population would be created. The Population Unit would act as its secretariat. The need to create a National Population Commission would also be assessed.

38. The Population Unit would organize, in co-ordination with other institutions, several awareness-creation seminars addressed at decision-makers and politicians from various governmental bodies and would prepare materials for an information campaign which would be conducted through the media. In order to train technicians from the Ministry of Planning and Economic Development, as well as from other ministerial departments, the Unit would organize seminars on population and development. The training of national counterparts would be carried out mainly on-the-job. The Unit would also provide fellowships to selected candidates and conduct intensive courses on demography and on population and development.

39. The Population Unit would co-ordinate or carry out research on the utilization of overall and specialized population projections and on the interrelationship between population and development. Based on the findings of this research, the Unit would recommend population activities for the various sectors. The Unit would prepare a document synthesizing sectoral research to be submitted to the interministerial technical committee. The Population Unit would also co-ordinate and support surveys included in the UNFPA programme and would advise governmental bodies that were executing population surveys or studies. The Population Unit would co-ordinate its activities with those being carried out under the UNDP project "Consolidation of Basic Economic Statistics and National Accounts". UNFPA would provide $450,000 to this sector. The United Nations would serve as executing agency and provide technical backstopping.

Women, population and development

40. Although the law of 1980 advocated the integration of women into development, the Secretariat of State for Women's Welfare has been unable to carry out activities to promote the status of women because of the lack of satisfactory support. The Secretariat's material and human resources remain very limited, and there are no other governmental bodies or non-governmental organizations (NGOs) involved in this field. For this reason, the UNFPA support would seek to strengthen the department of the Secretariat responsible for promoting women's activities. Such support would complement the activities undertaken by the joint ILO/UNDP programme for the promotion and training of women. Special attention would be placed on the training of the national staff of the Secretariat of State for Women's Welfare in the field of population and family life education. The emphasis would be on motivation and education as well as on information techniques, communication and documentation. The functioning of the Secretariat would be examined closely in order to identify ways to improve its effectiveness, including eventual reorganization, if necessary. UNFPA assistance to this sector would be $100,000. Technical backstopping would be provided through short-term consultancy missions and by the chief technical adviser of the ongoing ILO/UNDP project.

Programme reserve

41. An amount of $100,000 would be held in reserve for new proposals that would be developed within the framework of the proposed programme.

Programme Co-ordination

42. The Ministry of Foreign Affairs and the Ministry of Planning and Economic Development are responsible for monitoring and co-ordinating all external assistance to Equatorial Guinea. The UNDP Resident Representative in Equatorial Guinea, who also serves as the UNFPA Representative, assists the Government in co-ordinating external multilateral assistance for population activities. The development partners of Equatorial Guinea have recommended that the Government establish a special mechanism to co-ordinate population and development activities. The creation of such a mechanism is very important considering the great number of external donors. It is hoped that the interministerial technical committee would be able to function as a co-ordinating body for population activities in the country.

Programme management, monitoring and evaluation

43. The first country programme in Equatorial Guinea would be managed by the UNFPA Representative, who would be assisted by the UNFPA National Programme Assistant. The UNFPA Country Director assigned in Yaounde, Cameroon, would monitor the implementation of the programme on a regular basis. Standard UNFPA procedures for monitoring and evaluation would be followed in order to ensure

the effective implementation of this programme. This would include project progress reports, tripartite project reviews, and annual country reviews. Major programme components would be evaluated by independent consultants. Technical backstopping visits by regional advisers would also contribute to the effective monitoring of the programme. A mid-term review of the overall programme would be undertaken in 1991.

Financial summary

44. As indicated in paragraph 1, a programme of $2.3 million is proposed, of which $1.6 million would be provided by UNFPA regular resources. If UNFPA's funding situation permits, the balance of up to $0.7 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other funds, including multi-bilateral funds. The following table shows how the programme areas would accommodate these two levels of funding.

	UNFPA regular resources	Other resources	Total
	$	$	$
Maternal and child health and family planning	450,000	300,000	750,000
Information, education and communication	300,000	200,000	500,000
Data collection and analysis	200,000	200,000	400,000
Population policy formulation	450,000	-	450,000
Women, population and development	100,000	-	100,000
Programme reserve	100,000	-	100,000
Total	1,600,000	700,000	2,300,000

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V. RECOMMENDATION

45. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Equatorial Guinea in the amount of $2.3 million for the three-year period 1990-1992;

(b) Authorize the Executive Director to commit an amount of $1.6 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $0.7 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Equatorial Guinea and with the executing agencies.

UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Dist.
GENERAL

DP/FPA/CP/64
26 February 1990

ORIGINAL: ENGLISH

Thirty-seventh session
28 May - 22 June 1990, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS
Recommendation by the Executive Director
Assistance to the Government of Ghana
Support for a comprehensive population programme

Proposed UNFPA assistance:	$10 million, of which $9 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $1 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years (1991-1995)
Estimated starting date:	January 1991
Executing agencies:	Government of Ghana United Nations International Labour Organisation (ILO) Food and Agriculture Organization of the United Nations (FAO) United Nations Educational, Scientific and Cultural Organization (UNESCO) National and international NGOs
Government co-ordinating agency:	Ministry of Finance and Economic Planning

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GHANA

Demographic facts

Population Total (000)	
Total	15,020
Males	7,456
Females	7,564
Sex ratio (/100 females)	98.6
Urban	4,958
Rural	10,063
Per cent urban	33.0
Population in year 2000 (000)	20,418
Functional age groups (%)	
Young child: 0-4	18.3
Child: 5-14	27.1
Youth: 15-24	19.0
Elderly: 60+	4.5
65+	2.8
Women: 15-49	22.8
Median age (years)	17.2
Dependency ratios: total	93.0
(/100) Aged 0-14	87.6
Aged 65+	5.5
Agricultural population density (/hectare of arable land)	2.51
Population density (/sq.km.)	63
Average annual change (000)	
Population increase	504
Births	697
Deaths	193
Net migration	0
Annual population total (% growth)	3.10
urban	4.35
rural	2.46
Crude birth rate (/1000)	42.8
Crude death rate (/1000)	11.8
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.21
Gross reproduction rate (/woman)	3.06
Net reproduction rate (/woman)	2.44
Infant mortality rate (/1000)	81
Life expectancy at birth (years)	
Males	54.2
Females	57.8
Both sexes	56.0
GNP per capita (U.S. dollars, 1987)	390

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1989. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $10 million, of which $9 million would be committed from UNFPA's regular resources, over a five-year period, starting January 1991, to assist the Government of Ghana in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $1 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The second population programme of Ghana has been conceived in the context of the Fund's strategy for assistance to sub-Saharan Africa (document DP/1987/37), as well as in light of the Government's mid-term plans contained in its Structural Adjustment Programme and Economic Recovery Programme and Ghana's Programme of Action to Mitigate the Social Costs of Adjustment. The proposed programme is intended to complement and supplement national population activities. It is based on the findings and recommendations of sectoral reviews that were undertaken in 1988, as well as on the outcomes of a national population conference which assessed Ghana's population policy and made pertinent recommendations for effective policy implementation. The programme is also the result of intensive dialogue between UNFPA and the Government. Sectoral ministries, the University of Ghana, the Ghana National Family Planning Programme, and United Nations specialized agencies such as the United Nations Development Programme (UNDP), UNESCO, ILO, the United Nations Department of Technical Co-operation for Development (UNDTCD), and the Economic Commission for Africa (ECA) participated in the programming exercise. Moreover, the United Nations Children's Fund (UNICEF), the World Bank and the United States Agency for International Development (USAID) were consulted.

3. The long-term objective of the programme would be to help reinforce the Government's capacity to slow the country's rapid population growth and to address increasing imbalances in the distribution of the population. This, in turn, would reduce the negative impacts these two factors have on socio-economic development. Important medium-term goals would be to strengthen policy implementation through the analysis of policy options; to reinforce the institutional capabilities of the Ministry of Finance and Economic Planning to enable it to better plan, monitor, co-ordinate, and evaluate population programmes; and to enhance the Ministry's capacity to integrate population factors into the Government's economic recovery and development programme. The programme would also seek, in the medium term, to reduce maternal and child mortality by increasing the coverage and improving the quality of maternal and child health and family planning (MCH/FP) services, by upgrading the Ministry of Health's management and planning capabilities in MCH/FP, and by assisting the Ministry of Health in establishing an effective and decentralized training programme. Other medium-term goals would include the institutionalization of population

information, education and communication (IEC) activities and the extension of IEC and MCH/FP services to rural areas. More specific programme targets would include: decreasing infant mortality from its current rate of 81 per 1,000 live births to 70 per 1,000; reducing maternal mortality from 10 per 1,000 deliveries to 8 per 1,000; at least doubling the prevalence of modern contraceptive use from the current rate of 5 per cent of all women aged 15-49 to 10 per cent; and increasing supervised deliveries from the current level of 30 per cent to 80 per cent.

4. To achieve these objectives, the programme strategy would focus on: (a) filling important gaps in data, research and policy analysis; (b) revitalizing and putting into operation the 1969 National Population Policy through a policy review and update as well as through the development and implementation of the non-family planning components of the policy; (c) strengthening the country's institutional base for the systematic integration of demographic variables into national and regional planning processes; (d) upgrading the knowledge base on family planning practices through research on the determinants of fertility and of Ghanaians' persistent desire for large families; (e) extending the coverage of MCH/FP and IEC services, particularly to the rural areas, where such services have been lacking in the past; (f) integrating population IEC into the curricula of junior secondary schools and of selected training institutions; (g) co-ordinating and integrating the population programme with other development activities in Ghana; and (h) carrying out joint programming in the area of women and development as well as integrating women's concerns into all programme components. It is expected that as a result of this programme, the current unmet needs of Ghanaians in the population sector as a whole would be met and the groundwork laid to enable the Government to accommodate growing demands for population activities and services that are likely to arise in the future.

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. In the span of only two decades, Ghana's population increased from 8.6 million (1970) to 12.2 million (1984), and to approximately 15 million (1990). Driven by a high growth rate in excess of 3 per cent per year, Ghana's population is expected to double within 25-30 years. With 63 persons per square

kilometre, Ghana now has the second highest population density in West Africa. According to a World Bank report, approximately 35 per cent of its land area is threatened by desertification, one cause being land-use practices whose effects have been exacerbated by population pressure. Although the majority of Ghana's population (approximately 70 per cent) resides in rural areas, where poverty is most severe, rural-to-urban migration is increasing to the extent that urban areas are now growing at well over 4 per cent per year. This high rate of urban growth, compounded by poverty and shortages in urban areas of jobs, housing, potable water, and other amenities, has contributed to the emergence of urban slums and environmental pollution.

7. According to Ghana's 1988 Demographic and Health Survey, the total fertility rate was estimated to be 6.5 children per woman. The contraceptive prevalence rate nation-wide was estimated at only 13 per cent for all methods and about 5 per cent for modern methods. The use of modern methods among women in urban areas was estimated at 8 per cent while that among women in rural areas was about 3.9 per cent. These prevalence rates should be considered in light of additional results from the same survey showing that 74 per cent of currently married women aged 15-49 knew of at least one modern contraceptive method and that 66 per cent knew of a source from which to obtain them. The survey further revealed that among non-pregnant women who were sexually active and not using contraception, but who said they would be unhappy if they became pregnant, 24 per cent were not using contraception because of a lack of knowledge about contraceptives; 15 per cent because of "health concerns", limited access, cost or inconvenience; and another 10 per cent "didn't know why".

8. For the past 20 years, population activities in Ghana have been guided by the National Population Policy, which was adopted in 1969. While all successive Ghanaian Governments have expressed unequivocal support for the policy, its implementation has suffered from the interplay of various factors. For one thing, the political upheaval of the 1970s and early 1980s caused frequent changes of government and diverted decision-makers from making the political commitment that was crucial for policy implementation. Furthermore, although the policy was quite comprehensive, only one of its multiple components, that of family planning, was actually put into operation. Even then, accessibility to related services was limited. Another major difficulty was that the Ghana National Family Planning Programme (GNFPP) was not assigned a clear role to perform. There was no legal instrument to define the GNFPP's authority, and this severely limited its ability to co-ordinate the population activities of the various ministries and non-governmental organizations (NGOs), a function it was originally intended to perform. As a result, no institutional mechanism evolved to implement, monitor and evaluate population-related activities.

9. Efforts to implement the National Population Policy encountered other difficulties as well. For example, the fertility reduction targets were not well researched and thus never realized. Moreover, the nature of demand for

population activities and particularly for family planning techniques had been poorly understood and strong pro-natalist attitudes persisted. Population activities such as MCH/FP and population IEC lacked a community base at the grass-roots level. IEC activities, which were targeted mainly at urban women, were not sustained, nor were they based on research. In addition, between 1973 and 1983, Ghana experienced its worst economic conditions since World War II. The country's economy suffered from a rapid decline in gross domestic product (GDP), high inflation, and depletion of human capital through the emigration of skilled Ghanaians. During this period, both imports and exports fell, and real per capita GDP is purported to have declined by about 35 per cent. Thus, the Government found it difficult to invest in population programmes.

10. The country's economic fortunes began to turn around in 1983 with the launching of the Economic Recovery Programme and the Structural Adjustment Programme. Since then, real GDP has been growing at an average of 6.3 per cent per annum. Encouraged by this economic progress, the Government is pursuing several initiatives to improve the social sector. One initiative is its $84 million Programme of Action to Mitigate the Social Costs of Adjustment. The main thrust of this programme is to generate 40,000 jobs through public works projects and through credits to promote small-scale farming and community-level enterprises, thus compensating for jobs lost as a result of the adjustment.

11. While the Government sought to improve the quality of life of Ghanaians through its Economic Recovery Programme, it realized that when adjusted for the country's population growth rate, its impressive economic growth had been reduced by almost 76 per cent in 1987 and by 68 per cent in 1988. Thus, it recognized the need to reduce the country's rate of population growth in order to attain the objectives of its economic policy. Consequently, following a series of sectoral review missions, the Government convened a national population conference in 1989 with UNFPA assistance. Following the conference, the Government appointed a Population Policy Implementation Assessment Committee to draw up an action plan for the implementation of the policy in 1989. The Committee's mandate included the provision of relevant technical and advisory services for the establishment of a National Population Commission.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. In June 1985, the Governing Council approved Ghana's first country programme in the amount of $3 million for a period of five years (1985-1989). However, owing to the recent momentum in population programming in Ghana, UNFPA allocated an additional $700,000 to the programme, bringing to $3.7 million the total allocation for this period. Approximately $1.2 million of this amount had been expended by the end of 1988; the 1989 expenditure is estimated at $800,000. This leaves a balance of approximately $1.7 million, a portion of which will be programmed for 1990, and the rest subsumed in the 1991-1995 programme. The first country programme consisted of the following components: (a) maternal and child health and family planning; (b) population policy formulation and

implementation; (c) population and family life information, education and communication; (d) basic data collection and analysis; and (e) women, population and development.

Maternal and child health and family planning

13. In the MCH/FP sub-sector, UNFPA allocated $1.1 million for the period 1985-1989 for a project aimed at: (a) strengthening the capacity of the health delivery system by adequately equipping service delivery points and building up national capability; (b) increasing the proportion of women of child-bearing age using family planning services; and (c) reinforcing the capacity of the Ministry of Health to co-ordinate, manage and monitor MCH/FP programmes. Owing to delays in project implementation, however, only $572,297 (slightly over half of the allocated budget) had been expended by the end of 1988. A team of international and national experts that evaluated the project under UNFPA's sponsorship in September 1988 confirmed that the project had contributed, along with the support of UNICEF and USAID, to the training of 2,000 voluntary health workers and 800 traditional birth attendants, as well as to the training and retraining of public nurses and health instructors. In addition, 39 district trainers were trained in MCH/FP, 298 public health staff attended a two-week training course in family planning management, and another 118 health personnel received training in technical aspects of family planning.

14. The evaluation team concluded, however, that the project fell short of achieving its objectives due to the interplay of various factors. For example, MCH/FP services had not been effectively integrated, with each tending to be provided independent of the other. Moreover, at the district and regional levels, MCH/FP services were not perceived as an integral part of primary health care, and the various divisions within the Ministry of Health were reportedly unwilling to co-operate and collaborate with one another. This slowed down the integration of MCH/FP into primary health care at regional and district levels. The design of the MCH/FP project itself was found to be deficient in that it lacked clearly defined goals and did not provide for either technical backstopping or a conceptual framework for co-ordinating MCH/FP activities. Project performance was affected by a shortage of highly trained manpower, as well as by the slow and irregular flow of information from the national to the regional level. In addition, there were chronic shortages in the supply of contraceptives due to poor planning and a weak distribution system. Moreover, an inadequate follow-up deterred a timely diagnosis of the situation.

Information, education and communication

15. In Ghana's 1969 National Population Policy, IEC is accorded a significant role in programme implementation. In support of government activities in this area, UNFPA provided $527,100 for a period of three years. The main objectives of this assistance were: (a) to help formulate a consolidated curriculum that would lead to the institutionalization of population education in the formal school system; (b) to undertake research on and to compile an inventory of existing population information and communication facilities; and (c) to

determine the feasibility of establishing a network of population information centres at national, regional and district levels in order to make relevant population data available to researchers, planners and communicators. The project suffered from three major deficiencies: first, the attempt to fuse formal and non-formal population activities led to loss of focus in both; second, the project design failed to anticipate the full scale of operations involved, rendering the work plan unrealistic; and third, project implementation was delayed due to the late placement of a population education specialist. With the exception of the holding of five workshops on population and family life curriculum development, not much has been achieved in this area.

Basic data collection and analysis

16. UNFPA provided $925,973 to support the Government of Ghana in the conduct of its 1984 census. The preparatory activities of the project were scheduled to start in 1978 (for a census initially planned for 1982), but were disrupted due to unfavourable political conditions as well as technical difficulties. Consequently, the enumeration was undertaken in 1984, and data processing began in 1985. The completion of data processing was further delayed, however, due to the departure of the international expert assigned to the project, an inadequate number of qualified national staff, and lack of computer facilities. Critical gaps have therefore emerged between the collection of data, on the one hand, and the analysis and publication of data on the other. Indeed, because of the lack of financial resources and shortage of technically qualified personnel, Ghana has not yet fully analyzed the demographic data collected from its 1970 and 1984 censuses.

Population policy formulation

17. To strengthen policy implementation and to promote the integration of demographic variables into development planning, UNFPA provided $563,800 for a period of three years. Major activities included designing measures to improve implementation of the existing policy and promoting the establishment of a National Population Commission to co-ordinate, evaluate and monitor population and related activities, as well as advise the Government on population matters. Although an advisory body was formed and various local consultants and research groups were identified to implement the various activities of the project, progress has been slow. In January 1989, UNFPA undertook a technical review mission to evaluate the project and assess the factors affecting policy implementation. The mission found that project implementation suffered because of the absence of an adequate integrated planning methodology and of a clear delineation of functional responsibilities between the Manpower Division and the Ghana National Family Planning Programme, both of which are in the Ministry of Finance and Economic Planning. It also found that despite growing awareness of the important relationship between population and development, even the most recent plan (the Public Investment Programme) made virtually no reference to population. As a result, demographic variables were not yet being taken into account in the planning processes of the country.

18. In addition to the above assistance, UNFPA approved $227,140 to promote the incorporation of population factors in the determination of agricultural production targets. The immediate objectives of this project were: (a) to make available to agricultural and development planners population projections for each of the 10 regions of the country as well as projections for the demand for MCH/FP services through the year 2000; (b) to compare the results of these projections with agricultural production targets and to draw some policy implications; (c) to train 10-12 officials from various ministries in the methodology of the "Computerized System for Agriculture and Population Planning Assistance and Training" (CAPPA) developed by FAO; and (d) to establish a complete national CAPPA database and partial databases for each of the 10 regions. The first of the series of courses on Population and Agriculture Planning has so far been taken by 13 officials from the Ministry of Agriculture and the Ministry of Finance and Economic Planning.

Women, population and development

19. Improving the status of women and the need to give them equal opportunity were clearly enunciated as policy goals in the 1969 National Population Policy. To help integrate women fully into the development process of the country, the Government established the National Council on Women and Development (NCWD) in 1975. The Council is responsible for identifying problems facing women and developing policies and programmes to enhance their status. With a view to strengthening the capacity of the Council, UNFPA provided $134,500 for a period of two years. To date, 75 regional staff members of the Council, as well as staff of its collaborating agencies, have been trained as practitioner/trainers in such areas as project identification and management, promotion and management of small-scale businesses, family welfare education, and family planning methods. Seminars and workshops have been held for 204 female leaders of various governmental and non-governmental organizations to enhance their knowledge and awareness regarding specific employment issues.

20. A fact-finding mission sent to Ghana by UNFPA in September 1988 identified various weaknesses in the project design, including: (a) the absence of population-related training; (b) the lack of research components to investigate relevant subjects relating to women, population and development; and (c) the failure of training activities to envisage the need to introduce and produce audio-visual materials at the regional and district levels designed to enhance family life activities. Subsequently, the mission recommended that the Council be strengthened at the regional level to ensure effective co-ordination and implementation of women's activities at the grass-roots level. It also recommended that service centres be established in the regions so that residential courses could be organized to train young girls in family life education and other important topics.

Other external assistance

21. The major source of bilateral assistance for population activities in Ghana is USAID. Although USAID provided about $17 million in the 1970s primarily for training in family planning, access to contraceptives has been limited mainly

to urban areas and, therefore, the effect of the assistance on contraceptive prevalence has not been significant. In 1985, USAID initiated a $13 million project to provide contraceptive supplies primarily through a social marketing programme. A pharmaceutical firm has implemented the social marketing programme through a system of wholesalers in urban areas of all 10 regions of Ghana. USAID also supports the Population Impact Project (PIP), established in 1986 by the University of Ghana as an outreach programme. PIP concentrates mainly on the IEC sector, communicating population information to Ghanaian policy-makers and sponsoring radio and television broadcasts and newspaper articles on population and development issues.

22. In 1986, the World Bank provided $10 million to assist the Government in its efforts to rehabilitate Ghana's health system. Key elements of the project were: (a) the extension of the outreach of community health services, primarily through the provision of equipment and other essential supplies to about 100 health stations in rural areas, seven health centres in Greater Accra and four health centres in other urban areas; (b) strengthening of district health management teams responsible for training, supporting and supervising health station personnel; (c) installation of a new radio communications system covering the Ministry's headquarters, medical stores and 10 regional health offices; and (d) improvement of the Ministry's programme of training and its programme of health and nutrition education in the rural areas, including support for food production and for water and sanitation surveys. Closely associated with the World Bank endeavour is a UNDP-financed project of $570,000 for the period 1986-1988 which aimed at strengthening the capabilities of the Ministry of Health to carry out its planning and policy analysis functions effectively. UNDP has also funded an "AIDS (acquired immunodeficiency syndrome) Planning and Management" project. UNICEF is currently providing $10 million for a project that includes immunization and diarrhoeal disease control nation-wide as well as health and nutrition activities. Support from WHO has been used mainly to provide primary health care materials and equipment, as well as related technical expertise and training.

23. Among NGOs, the Planned Parenthood Association of Ghana (PPAG) has a growing network of clinics that undertake information, education and communication activities as well as distribute clinical and non-clinical contraceptives. Funding of PPAG is provided mainly by the International Planned Parenthood Federation (IPPF). The Christian Council of Ghana and the Catholic Secretariat have also been active in the field of family planning. Among other things, the Council makes use of a "satisfied users" programme, which relies on contraceptive users to motivate others in the communities in which they live.

IV. PROPOSED PROGRAMME 1991-1995

24. The domestic and international climate seem to bode well for the second cycle of UNFPA assistance to Ghana. The country has been enjoying political stability and an improved economy in recent years, and there are indications of a growing political commitment to implementation of the country's population policy. Overall bilateral and multilateral aid commitments, which had fallen

to $100 million in 1982, almost tripled in 1983, and exceeded $750 million by 1988. The recent restructuring of sectoral ministries and the administrative reorganization are expected to remove institutional bottlenecks encountered in past programmes. In light of these positive developments, the proposed programme is expected to contribute significantly towards Ghana's development efforts and achievements.

25. The strategy for UNFPA's second country programme for Ghana seeks to contribute to the realization of five interrelated goals. First, it would seek to revitalize Ghana's population programme by restoring the comprehensiveness of the 1969 National Population Policy that had been lost during implementation of the policy. This not only entails extending the outreach and effectiveness of MCH/FP and IEC activities to fulfil unmet needs in family planning but, equally important, to develop the non-family planning components of the policy. Second, the strategy would seek to improve the Government's capacity to achieve its population targets, which include: (a) a decrease in the infant mortality rate from the current level of 81 per 1,000 live births to 70 per 1,000; (b) a reduction in the maternal mortality rate from 10 per 1,000 deliveries to 8 per 1,000; (c) a doubling of the prevalence of modern contraceptive use from the current level of 5 per cent of all women aged 15-49 to 10 per cent; and (d) an increase in supervised deliveries from the current level of 30 per cent to 80 per cent.

26. A third goal of the strategy would be to help the Government to achieve additional, non-quantifiable targets, including redressing the imbalance between rural and urban areas in terms of level of knowledge of, attitudes towards and practice of modern contraceptive methods, particularly in the northern and upper regions of the country; formulating a national policy to promote a more balanced spatial distribution and to moderate the growth of urban areas; and planning for the consequences of unbalanced population pressure on the environment and on agricultural development. Lastly, the strategy would seek to assist the Government in undertaking research and policy analysis on the nature of the persistent demand for large families in Ghana, examining in particular whether policy instruments are in any way influencing that demand.

Maternal and child health and family planning

27. The existing system of primary health care is highly inadequate as regards the capacity (staffing and resources) to keep up with overall population growth, especially in meeting unmet needs in rural areas. In order to extend services to the rural areas, particularly to those in the Northern, Central, Upper-West, and Upper-East regions, the Government must create 250 new service delivery points, as well as refurbish the existing 410 service delivery points. The district health management teams need further training in planning and management, with an emphasis on problem-solving approaches. Such training must itself be upgraded and include an adequate component on family planning. Moreover, in view of the fact that 70 per cent of all babies are delivered at home, and only 20 per cent of all deliveries are attended by trained staff, and that only about one-half of pregnant women receive pre-natal care, expanded

training is required to upgrade the skills and numbers of traditional birth attendants. The serious lack of service and related statistics must also be addressed.

28. In order to support the Government in its efforts to meet the needs in MCH/FP, UNFPA proposes to provide $2.95 million for four major undertakings. They include: (a) the creation of a core staff specializing in MCH/FP as part of the primary health care teams in each of the 10 regions in order to enable the teams to plan, co-ordinate, implement and monitor an integrated MCH/FP programme; (b) the training of 2,500 traditional birth attendants in MCH/FP delivery skills, as well as the training of 12 medical officers, personnel of the 10 regional primary health care secretariats, and 35 district health managers; (c) the upgrading and maintenance of 100 service delivery points; (d) the launching of research-based information, education and communication activities in support of MCH/FP; and (e) the development of a system of service statistics.

29. As an extension of these MCH/FP activities, UNFPA proposes $450,000 for the training of 80 middle-level health personnel at national, regional and district levels, as well as the training of regional primary health care teams, which in turn will train district health management teams in MCH/FP planning and management. This training would be provided through Ghana's Institute of Management and Public Administration. UNFPA assistance would also be used to support the formulation of a master plan for MCH/FP as well as a national MCH/FP programme. A primary objective of these efforts would be to create a mechanism for co-ordinating and fitting together the MCH/FP activities being supported by other agencies and organizations active in Ghana. Moreover, in-depth socio-cultural research would be undertaken in order to determine the socio-cultural and/or political factors that promote or hinder the implementation of population policy as well as to learn more about such issues as the nature of demand for family planning and of desired family size, the low differential in contraceptive prevalence between urban and rural areas, and the persistence of high fertility rates. UNFPA proposes a total of $3.4 million in support of MCH/FP activities, all from regular sources.

Information, education and communication

30. The Government believes that population IEC activities should be a cornerstone of population and development strategy in Ghana. Past IEC activities have encountered only limited success, however, and there are prominent gaps that must be filled. These include, among others: (a) the serious shortage of adequately trained teachers and of teacher training and IEC support materials; (b) the need to institutionalize population IEC activities; (c) the lack of a knowledge base and the limited coverage of population IEC activities; (d) the high incidence of teen-age pregnancy and early marriage, both of which seriously aggravate the primary and secondary school drop-out rate of female students, estimated at 36 per cent at the primary level in 1986-1988; (e) the high incidence of abortion among females aged 14-16 years; (f) the lack of in-depth and adequate awareness of the correlation between high fertility and maternal and child health as well as between demographic dynamics and development; and

(g) the need to incorporate population IEC into agricultural extension services and to channel population IEC to men, adolescents and special groups (e.g. women, the elderly, community leaders). In order to help the Government bridge the gaps in population information, education and communication, UNFPA proposes to provide a total of $2.6 million. This would be used to support activities in both the formal and non-formal sectors.

31. Formal population education. In order to help fill in gaps in the formal education sector, UNFPA proposes funding for three major components. First, approximately $1 million would be provided to help institutionalize formal population education in at least 20 per cent of Ghana's junior secondary schools and to train the country's nearly 5,000 pre-service teachers in teacher training colleges and vocational schools. Second, to complement other programmes that seek to target population education at males, UNFPA proposes $320,000 for the Ghana Labour College, the centre of the educational programme of the Trade Union Congress, whose membership is 90 per cent male. Third, to stimulate development of a population communication strategy, as well as regular reporting of population and development issues, UNFPA proposes $500,000 for the Ghana Institute of Journalism. This would be used: (a) to design curricula and instructional materials as well as to institutionalize training in population planning communication for 300 students per year; (b) to conduct in-service training in population communication for about 100 practicing journalists each year in all regions; (c) to establish for the use of media personnel a publication and documentation unit dealing specifically with population and family-life education; and (d) to conduct action-oriented research on effective population communication techniques.

32. Non-formal population IEC. The strategy to help the Government fulfil unmet needs in the non-formal sector also includes three components. First, UNFPA proposes assistance in the amount of $350,000 to be used to incorporate population information and education into radio programmes targeted primarily at those in the Northern, Upper-East and Upper-West regions of the country. The major objectives of this support would be to design research-based and culturally appropriate messages for Ghanaians and to provide short- and long-term training for radio programmers, administrators and journalists from the Ministry of Information and Ghana Broadcasting. In addition, seminars would be conducted for radio, television and print media personnel. The research on "village persuaders" carried out by the Centre for African Family Studies (CAFS) would be tested in a pilot exercise in two selected villages. Subsequently, a comparative framework would be drawn up to evaluate the efficacy of modern and traditional mediums of population communication in rural areas and to define appropriate strategies. Second, UNFPA proposes to provide $380,000 to help Ghana's Institute of Adult Education to develop population education curricula for its 14 adult literacy centres at the regional and district level. Third, to help motivate out-of-school youth as well as to bring population-related education to church groups, which may be attended by married couples and individuals not reached through the above-mentioned IEC activities, UNFPA proposes assistance in the amount of $100,000. This would be used to support the valuable initiatives of the Christian Council of Ghana, the Catholic Secretariat, and the Muslim community, in particular in their efforts to provide counselling and family life education services.

Basic data collection and analysis

33. As mentioned earlier, Ghana has not yet fully analyzed the mass of demographic data collected since 1970, due to the shortage of adequately qualified personnel and a lack of funds. Research and policy analysis is therefore urgently required: (a) to determine realistic targets for reduction of infant and maternal mortality; (b) to better understand traditional beliefs, practices and ways of communication concerning family size and fertility; (c) to reinforce the groundwork for a national policy on spatial distribution and migration; (d) to reassess international and internal migration patterns affecting Ghana; (e) to assess attitudes, perceptions and understanding among planners and policy-makers of the interrelationships between population and development variables, and to ascertain the extent to which such attitudes and perceptions are reflected in the incorporation of demographic considerations into other areas such as law and sectoral development planning; and (f) to support the development of a national policy on population, environment and sustainable development.

34. To bridge these and related gaps in data, research and policy analysis, UNFPA proposes to support two types of activities. First, with the aim of making available recent and comprehensive baseline data that are needed for Ghana's mid-term development plans, UNFPA proposes $1,050,000 for the full analysis, publication and dissemination of results from the 1979/1980 Fertility Survey, the 1970 and 1984 population censuses, the 1987 and subsequent Ghana Living Standards Surveys, and the 1988 Ghana Demographic and Health Survey. To do this, a team of national and international experts would carry out the project activities, with technical assistance from UNDTCD and ECA. In addition, given shortages of adequately trained staff within the Ghana Statistical Services (GSS), part of these funds would be used for training, demographic data collection, information dissemination, and logistic support. Second, to help the Government broaden the knowledge base needed for planning and decision-making, as well as for educational and informational purposes, UNFPA proposes to provide a total of $450,000 for an umbrella research programme. Under this programme, an inventory would be compiled of research work completed to date. This would enable researchers to identify gaps in research as well as areas requiring further elaboration. This and other relevant research would be carried out in collaboration with the University of Ghana and other institutions of higher education. UNFPA proposes a total of $1.5 million for this sector, with $900,000 coming from regular resources.

Population policy formulation

35. To ensure that its National Population Policy is both comprehensive and effectively implemented, Ghana must, inter alia, establish a National Population Commission and institutionalize its functions; take steps to better co-ordinate the many diverse population activities in the country; fully integrate population variables into national development planning; improve the dissemination of a wide array of data and research findings on causes and consequences of Ghanaian population trends; undertake policy studies on population and law; set realistic mortality, fertility and migration targets; prepare an agenda on population

growth, resource use and environment; and accelerate the integration of women into population and development. UNFPA therefore proposes assistance to this sector in the amount of $1.1 million to be used as follows: (a) to review and update the National Population Policy and institute a mandate for sectoral planning, as well as to draw up a comprehensive programme of action; (b) to adequately staff and train upwards of 10 nationals in population and development planning and in programme monitoring, evaluation, management and co-ordination to provide support to the National Population Commission; (c) to undertake policy-related research; (d) to conduct awareness-raising seminars and conferences for policy-makers, legislators and government officials; (e) to design methodologies to accommodate the specific needs of both global and sectoral population planning; and (f) to support the Ministry of Finance and Economic Planning and related ministries in strengthening regional organizational structures to plan, monitor, co-ordinate, and evaluate population and related activities.

Women, population and development

36. Ghanaian women face many constraints that limit their full integration into population and national development. Given the demonstrated importance of female education in improving health, nutrition, child survival, and contraceptive prevalence, there is a need for activities to better understand and reduce female school drop-out rates. In addition, joint activities need to be undertaken to develop a wider range of non-domestic roles for women and to improve career opportunities for better-educated women. Improved programming which specifically addresses women's issues is needed to assist the 30 per cent of Ghanaian households that are headed by women. Important activities in this area would range from the strengthening of existing revolving credit schemes to the re-examination of the protection of the legal rights of women and children. Moreover, special programming is needed to help women in their role as resource managers, particularly in rural areas in both agricultural and non-agricultural work, and to improve women's access to credit in order to stimulate their participation in small-scale industry. UNFPA would therefore continue to collaborate with the National Council on Women and Development (NCWD) as well as with the Thirty-First December Women's Movement (TFDWM). The strategy in this area would focus on increasing women's level of education, developing their managerial skills, and expanding their economic opportunities, particularly in rural areas. Steps would be taken to integrate women's concerns into all parts of the programme.

37. UNFPA assistance is intended to strengthen the institutional capability of the NCWD to advise the Government on matters relating to the full integration of women into national development and to co-ordinate and liaise with national, international and non-governmental organizations on matters concerning the improvement of the status of women. More specifically, the NCWD requires assistance to promote the incorporation of population education into women's programmes. It has so far identified 50 major women's groups for this purpose. The Council has provided such education through a pilot project to 15 of these 50 women's groups, though needed audio-visual equipment has been in short supply. Therefore, the NCWD must still provide training for the remaining 35 women's

groups. The NCWD is also seeking to invigorate its revolving credit programme which, due to limited funds, has been extended to only 4 of 110 districts, also through a pilot project. On the other hand, the TFDWM, the largest and most grass-roots-oriented women's organization in Ghana, is capable of reaching and mobilizing women even in the remotest parts of the country. A priority of TFDWM is to extend population education and support to women's economic activities, through the use of revolving credit, to its 600 membership units, which comprise over 1 million members. Thus far, resource constraints have limited coverage of its revolving credit schemes to only 20 membership units. UNFPA proposes assistance to the population, women and development sector, in the amount of $1,050,000, of which $650,000 would come from UNFPA regular resources.

Programme reserve

38. The proposed second country programme would contain a reserve of $350,000 in order to allow the Fund to respond to unforeseeable needs.

Programme co-ordination

39. Since the Ministry of Finance and Economic Planning has the responsibility to mobilize, co-ordinate and monitor all external assistance to Ghana, this Ministry will oversee the overall co-ordination of the population programme, and ensure that such co-ordination looks beyond population aspects alone to prospects for joint programming involving both population and development projects. The National Population Commission, which is likely to be established under the auspices of the Ministry of Finance and Economic Planning, would be charged with the responsibility of, among other things, co-ordinating the UNFPA programme. It is also proposed that the Government and all major donors meet three to four times a year to exchange programme information and discuss ways to improve co-ordination. In addition to the above, the UNFPA field office in Accra would ensure that UNFPA-sponsored missions and consultancies would systematically be briefed by the various donors and executing agencies to keep them abreast of important developments in project implementation. The field office would also seek to ensure that evaluation results and findings of population-related studies and reviews would be exchanged among donors and executing agencies. A similar effort would be made to have MCH/FP-related training activities carried out jointly, particularly with UNICEF, USAID and the World Health Organization (WHO). Such activities include, for instance, the training of traditional birth attendants, health agents and paramedical personnel in family planning techniques and methods, as well as provision of information and education about AIDS.

Programme monitoring, evaluation and management

40. Mechanisms for periodic monitoring and evaluation, including annual technical reviews and independent in-depth evaluations, would be built into each programme component. A mid-term country programme evaluation would be undertaken in 1993. Progress indicators as well as verification tools and performance criteria would be developed with a view to ensuring application of lessons learned and improving programme quality. Furthermore, a programme review and a strategy development exercise would be undertaken before the end of 1995.

41. At the field level, the programme would be managed by the UNFPA Country Director under the overall supervision of the UNFPA Representative who is also the Resident Representative of UNDP. The UNFPA Country Director would be assisted by two national programme officers, one programme assistant and a secretary.

Financial summary

42. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $10 million, of which $9 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $1 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The following table depicts how the programme areas would accommodate these two levels of funding.

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	3,400,000		3,400,000
Information, education, and communication	2,600,000		2,600,000
Basic data collection and analysis	900,000	600,000	1,500,000
Population policy formulation	1,100,000		1,100,000
Women, population and development	650,000	400,000	1,050,000
Programme reserve	350,000		350,000
TOTAL	9,000,000	1,000,000	10,000,000

V. RECOMMENDATION

43. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Ghana in the amount of $10 million for the five-year period 1991-1995;

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(b) Authorize the Executive Director to commit an amount of $9 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $1 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make suitable arrangements with the Government of Ghana and with the executing agencies.

UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Dist.
GENERAL

DP/FPA/CP/65
20 February 1990

ORIGINAL: ENGLISH

Thirty-seventh session
28 May - 22 June 1990, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director

Assistance to the Government of the Seychelles

Support for a comprehensive population programme

Proposed UNFPA assistance:	$700,000
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1990
Executing agencies:	Government of the Seychelles Others to be determined
Government co-ordinating agency:	Ministry of Planning and External Affairs

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90-04387

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $700,000 over a five-year period, starting January 1990, to assist the Government of the Seychelles in achieving its population and development objectives. This would be the first UNFPA-supported population programme in the Seychelles, although UNFPA has provided assistance since 1976 on an ad hoc basis for projects responding to specific needs in the fields of maternal and child health and family planning (MCH/FP) and population information, education and communication (IEC).

2. The proposed programme, which coincides with the National Development Plan for 1990-1994, was prepared on the basis of the findings and recommendations of a UNFPA programming mission that visited the Seychelles from 1 to 26 October 1989. The mission found, among other things, that UNFPA assistance had played an important role in enabling the Government to extend MCH/FP services to within easy reach of 90 per cent of the population and in establishing family life education programmes in the formal and non-formal sectors.

3. In spite of many accomplishments, there remain certain deficiencies in the country's population programme that now need to be addressed and which would serve as objectives of the proposed programme. These include, among others, a significant reduction in the incidence and consequences of teen-age pregnancy; the establishment and institutionalization of comprehensive, innovative and multi-sectoral population and family life education activities; and the strengthening of the outreach of the Ministry of Health's family planning services to meet the special needs of young people. The programme would also seek to strengthen the national capacity for undertaking population research, collecting and analyzing data and integrating population variables into development planning. The key elements in the strategy for programme implementation involve the development and more effective use of the local human resource base and more extensive use of external technical assistance. Operations and socio-cultural studies would be undertaken to provide information for programming, in particular in the IEC sector.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with the internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Although the Seychelles attained Independence (1979) at a time when the country was experiencing severe economic problems and had poorly developed economic structures, successive Governments have had considerable success with national development plans that emphasize the need for improved welfare and social development. Indeed, investments directed towards improving the infrastructure of education, health and social services have yielded impressive results.

6. Education, seen as a major instrument of social transformation, has received high priority. The post-Independence decade of educational reform and development has produced institutions and programmes guided by three tenets: education for all, education for life, and education for personal and national development. Facilities have been built and upgraded with the aim of attaining full enrolment of all eligible Seychellois. Formal education is free and is compulsory for nine years. All students who so desire have the option of receiving an additional five years of schooling, including that offered during National Youth Service (NYS) for the 15-16 age group and vocational training through the national Polytechnic. Female enrolment in schools is high, being roughly equal to that of males. The curricula of schools throughout the system have been redesigned to include civic, family life and sex education.

7. Culturally and historically, the society of the Seychelles is matriarchal. Women play an important role at all levels of the social and economic development process. For example, at the end of 1989, 3 out of 10 ministries (Planning and External Relations; Education and Information; Culture and Sports) were headed by women. Women also hold top positions as directors in several key ministries and departments.

8. In the health sector, essential medical services are provided free of charge, priority is placed on preventative over curative services, and services are decentralized so as to bring health care as close as possible to the community. By 1988, 90 per cent of the population lived within half an hour's walking distance from a health unit. A wide range of health services are available, including pre- and post-natal care, immunization, and nutritional surveillance of children under five years of age. Health care is also provided in the schools as well as at the work place. The health sector has achieved notable successes in the past decade, and Seychellois presently enjoy standards of health and health care unequalled in Africa. Conventional tropical diseases no longer constitute a serious health problem, and 90 per cent of all deliveries occur in the main hospital and are attended by trained staff. The infant mortality rate has declined from 35.4 per 1,000 live births in 1975 to 17.0 per 1,000 in 1988. Maternal mortality is rare.1/

1/ The United Nations provides only limited demographic information about Seychelles. Thus, there is no demographic fact sheet for this country programme report.

9. Since 1979, the Government has given importance to comprehensive family planning involving sex education, as well as to providing a wide range of contraceptive methods, including voluntary surgical contraception. In the Government's stated health policies and plans for the 1990-1994 period, family planning is viewed as an important health care component to enhance the health of mothers and children rather than as a means of regulating population growth. However, family planning services have not yet been fully integrated into MCH activities.

10. Furthermore, the major objective of reducing the incidence of teen-age pregnancy has not been accomplished and the high number of births occurring in the 15-19 age group is of concern. Government officials and parents alike are particularly concerned about the high incidence of early motherhood because the majority of these young, often single, parents permanently drop out of the educational system, fail to acquire marketable skills and consequently are unable to contribute optimally to the social well-being of their families and society. The Government is also concerned with the relatively large number of women in this age group seeking legal termination of pregnancy.

11. Another population issue of concern to the Government is the high rate of out-migration. Indeed, each year, between 800 and 1,000 people leave the country. Without such out-migration, the annual rate of population growth in the Seychelles would be 1.7 per cent instead of the current rate of 0.6 per cent. In light of current labour shortages, this has serious implications for the country's efforts to sustain its current pace of economic growth. Qualitatively, the pattern of migration could have a serious and negative impact, since the majority of emigrants are young, educated and possess skills vital to national development. In addition to the loss of skills, if current trends persist, the high rate of out-migration could result in significant changes in the age structure of the population, in turn raising the dependency ratio and increasing the demand for social services among those in the higher age groups.

12. The Seychelles has an efficient system of civil registration. The relevant data are processed, analyzed and published regularly by the Statistical Information Division of the Ministry of Planning and External Affairs. In August 1987, the Government conducted a population and housing census but has not yet been able to analyze the data. This is due primarily to the fact that there is only one demographer in the country. The data analysis capacity is therefore very limited. In addition, because of the lack of expertise in the population and development sector, the dynamics of the interrelationship between demographic and socio-economic variables are not fully understood. This has meant, among other things, that an analysis of the long-term impact of out-migration has yet to be undertaken.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Between 1976 and 1989, UNFPA allocated a total of approximately $1.1 million for population activities in the Seychelles. Of this amount, $739,020,

or 67.3 per cent, was allocated to support MCH/FP activities and $325,239, or 29.6 per cent, was earmarked for IEC activities. The balance was used for multi-sectoral activities.

Maternal and child health and family planning

14. UNFPA assistance to family planning has been provided in consonance with the Government's views on the issue as contained in the manifesto of the ruling party. The projects supported by UNFPA during 1976-1989 in the MCH/FP sector were directly executed by the Government. The latest project, started in 1987, aimed at strengthening the management of the national family planning programme; improving the quality of family planning services with special attention to reducing high-risk pregnancies; making family planning services more accessible, especially to males; strengthening IEC activities in support of family planning; and expanding the coverage of family planning services from 70 to 75 per cent of women at risk of pregnancy.

15. UNFPA assistance to this sector covered training of nationals; the supply of medical equipment, teaching aids and contraceptives; and research and mission costs. Ten nationals were trained abroad in such areas as programme management, contraceptive technology, communication and counselling skills, adolescent fertility management, and community health and training, while 24 nurses received local training in basic skills. Seventeen doctors attended seminars on fertility management, and 41 officials from various government and non-governmental organizations benefited from seminars on counselling of adolescents. Seventeen of the country's 20 health centres have been fully equipped, and 12 now have full-time trained staff. UNFPA assistance has also been used to produce, print and distribute family planning information and education pamphlets in the local language. Educational films and other audio-visual materials provided by UNFPA are being used regularly for training and informational purposes. The family planning programme maintains a reserve stock of six months supply of contraceptives, 80 per cent of which are financed by the Government.

16. The UNFPA programming mission, however, found that in several respects the programme had not met all expectations. In particular, the mission noted that family planning had not been fully integrated into MCH activities and that the programme was at risk of becoming overly reliant on its own staff of trained family planning nurses to provide services. The mission found, on the whole, that the medical officers were not involved in the programme to any degree. In view of the severe manpower constraints in all spheres in the Seychelles, the mission recommended that the goal of full integration of services should be given high priority.

17. It was also felt that because family planning services are still principally clinic-based, the programme lacks an effective outreach component and does not meet the special needs and requirements of young people. The high discontinuation rate among Seychellois in the use of family planning services

and the inability to keep track of programme drop-outs provide further evidence of the need for more effective outreach and community-based strategies. This may explain, in part, the reported increases in demand for termination of pregnancy and the high proportion of births by teen-agers. It also underscores the need to improve client support activities, such as counselling, and to provide adequate information and education. There is, as well, a need for activities that specifically target men. On-site supervision of service-providers has been weak, and efforts so far to improve the collection and use of service statistics have failed because of lack of technical skills and training.

18. These programme failings and weaknesses highlight the need for more technical as well as financial assistance. Full integration and staffing needs cannot in the long run be met through in-service training alone. Steps must be taken to incorporate family planning into the basic training curriculum of the country's School of Health Studies to ensure that in future all nurses acquire basic family planning skills. The family planning programme will also need regular technical backstopping to develop and strengthen its extension services and data management. These issues are to be addressed in the next country programme.

Information, education and communication

19. In the population IEC sector, UNFPA has supported two projects for schools and workers. A total of $325,239 had been allocated to these two activities, including $118,725 provided by Norway and $75,000 provided by the Arab Gulf Fund (AGFUND) through multi-bilateral funding arrangements.

20. UNFPA funding for IEC activities at the primary school level commenced in 1979 as part of a family planning project. Subsequent assistance was provided through the family life education in the formal school system project, which was extended in May 1987 for a further three years. With few exceptions, all objectives of these projects have been met. By the end of 1981, family life education had been integrated into the curriculum of the upper grades in all primary schools. Between 1982 and 1986, such instruction was extended first to the middle grades and then to the beginning of the primary cycle. All curricula, syllabi, teachers' manuals, and learning materials were prepared during this period. Through an intensive in-service programme 360 teachers were trained, with extensive follow-up monitoring in the school. As a result of these efforts, every Seychellois child now receives 40 minutes of family life education per week from grades Primary 1 through Primary 9.

21. Family life education within the National Youth Service, however, has lagged. Until recently, activities were sporadic and piecemeal. Now, initiatives are under way to incorporate family life education into the academic curriculum of the NYS, and attention is being given to its full integration into the Service's village life programme. Introduced in 1988 and modified twice

thereafter, family life education at the Polytechnic reaches all first-year students for one hour per week during two terms of the academic year. Student feedback has resulted in a curriculum oriented towards students' concerns and questions.

22. The Family Welfare Education Programme for Workers, a project initiated in 1986, is the country's only family life education programme targeted at adults. Workers in the organized sector constitute the main target group. This is significant because these workers are primarily male, are usually leaders in their respective communities and are reputedly receptive to family planning messages by virtue of their participation in the modern economy. National opinion leaders and the general public are additional target groups of the programme. Between January 1987 and August 1988, the Family Welfare Education Programme for Workers was unusually active, innovative and successful. For one thing, it secured the co-operation of the National Workers Union, the Employers Association and a number of resource persons. For another, it trained a cadre of educator-motivators and organized enterprise-level training for workers. The programme also succeeded in reaching national leaders and the general public through specialized seminars, the widespread distribution of materials, and the extensive use of mass media, including radio and television. Although the Family Welfare Education Programme for Workers was not formally evaluated, there is general agreement among Government officials that it significantly increased public awareness of and interest in population issues, opened a public dialogue on sensitive issues, and stimulated involvement and concern. It was enthusiastically received by the workers themselves.

Other external assistance

23. The Seychelles has benefited from substantial and important external assistance amounting to 15 per cent of the development budget annually since Independence. The bulk of overseas development aid has traditionally been granted bilaterally, with France, the United Kingdom, and recently Japan and the United States as the main donors. Australia, Belgium, Canada, the Democratic People's Republic of Korea, the German Democratic Republic and the Soviet Union have also provided valuable technical assistance in support of development goals. Moreover, as noted above, Norway and AGFUND have contributed to the two IEC projects funded by UNFPA. The Seychelles has also received assistance from organizations and agencies of the United Nations system, notably the United Nations Development Programme (UNDP) for fisheries development and management; the United Nations Children's Fund (UNICEF) for immunization and pre-primary education; the World Health Organization (WHO) for training in various health specializations and environmental and educational health management; and the World Food Programme (WFP) for food programmes in in-patient hospitals and schools. Other institutions such as the African Development Bank and Arab Bank for Economic Development in Africa are beginning to invest in social and economic sector programmes.

IV. PROPOSED PROGRAMME 1990-1994

24. In October 1989, UNFPA fielded a programming mission to the Seychelles to review the current demographic and socio-economic situation in the country, assess UNFPA's past assistance, identify population issues of concern to the Government, and develop a programme and strategy for UNFPA assistance for the period 1990-1994.

25. The mission noted the absence of an explicit population policy and the unlikelihood that such a policy would be formulated within the foreseeable future. The mission did find, however, that the Government is fully aware of the population factor and consistently takes it into consideration in the formulation of national development goals and plans. There is strong government commitment and popular support for population programmes and activities in the Seychelles. Such commitment and support spring from the Government's declared goals of promoting social development, improving the quality of life and supporting human rights. The level of government commitment and support is reflected both in explicit policy statements on such issues as family planning and in the range of population programmes and activities directly financed from the budget.

26. The mission identified two issues of major concern to the Government. First is the high incidence of adolescent pregnancy and the growing number of abortions. Since the country has a well-established family planning programme, these problems indicate that the specific needs of youth are not being met and that outreach activities and programmes specifically addressed to youth must be reviewed and strengthened. In order to evaluate these needs, socio-cultural studies are required to understand better the problems of adolescent sexuality, the role of local beliefs and sensitivities, and possible variance between expressed norms and actual values within the family. The second major problem identified by the Government is out-migration, which, as noted in the background section above, could have a serious and negative impact on the pace of economic growth, the age structure of the population, the country's dependency ratio, and demand for social services.

27. Furthermore, while it was found that there is general awareness of the interrelationship between population factors and socio-economic development, the dynamics of this interrelationship within the context of the Seychelles situation are not fully understood. The Government lacks the technical capacity to conduct in-depth analysis of data for policy formulation. In the MCH/FP sector, the analysis and utilization of service statistics are limited due to the lack of expertise.

28. The main objectives of the proposed programme, which coincides with the timing of the Government's development plan, are to assist the Government in: (a) achieving a significant reduction in the incidence and consequences of

adolescent pregnancy as well as of abortion; (b) establishing and institutionalizing a comprehensive, multi-sectoral and multi-media population and family life education programme; (c) strengthening the effective outreach of family planning services to meet the special needs of young people; (d) increasing the awareness and understanding among policy-makers of the interrelationship between population variables and socio-economic development; and (e) building up national capacity and self-reliance in population programming and management. The programme would also include assistance to improve basic data collection and analysis.

29. The programme would seek to identify clearly the target groups to be reached with information and services, to fine-tune existing policies and programmes rather than establish new services, and to make use of cost-effective approaches. Because of the lack of nationals trained in population and related fields, the strategy for the proposed country programme would focus on building up the country's institutional and human resource capacity to design and manage population activities. While the ultimate goal would be to promote self-reliance in these areas, it would be necessary during this first programme to make appropriate and intensive use of international technical expertise to backstop national personnel.

Maternal and child health and family planning

30. Although the total fertility rate in the Seychelles has declined in recent years to 2.9 children per woman, there are still a number of issues relating to reproductive health and fertility that are of concern. These include the timing of births, especially the first birth, the spacing of births and the peaking of fertility in young age groups. Moreover, the increasing demand for legal termination of pregnancy, the rising incidence of induced abortion and continuing high proportion of births to teen-agers all point to unmet needs for family planning. However, the scope and magnitude of these problems, the planning and refinement of approaches to address them, as well as the setting of target-specific goals are constrained by a lack of reliable statistics and information. In order to profile target groups -- teen-agers, youth, young mothers, older women -- more accurately and to determine these groups' specific needs, support would be provided to improve the quality of MCH/FP service statistics. This would also enable family planning professionals to establish measurable programme performance indicators on such things as coverage, contraceptive acceptance and contraceptive continuation and prevalence rates. UNFPA assistance would be used to provide technical assistance, electronic data-processing equipment, and training, of nationals both at home and abroad. Support would also be provided to undertake socio-cultural and fertility-related studies, especially as regards youth.

31. The UNFPA programme would also support the training of personnel in order to upgrade their clinical and communication skills, as well as their management and administrative skills. This would be done with the aim of improving the

overall quality of services. To help meet future staffing needs and to promote further integration of MCH/FP services, the programme would provide the School of Health Studies with the technical assistance necessary to enable it to revise the curriculum to incorporate family planning and to institutionalize training in basic family planning skills as a component of the pre-service training of all nurses. While the health centres would continue to be the main outlets for MCH/FP services, the Ministry of Health would be assisted in developing a mobile outreach capability and home visiting programme to improve the follow-up of programme acceptors and to meet the special needs of high-risk groups such as teen-agers, who for a variety of reasons are reluctant or unable to use clinic-based services. UNFPA would support government efforts to procure the necessary medical equipment and contraceptives for this component of the programme.

32. UNFPA's proposed assistance to the MCH/FP sector is $300,000. The activities would be directly executed by the Government except for the research studies, which would require external advisory services.

Information, education and communication

33. Family life education is now firmly established in the formal school system and is taught on a regular basis in the primary schools. Family life education activities have been initiated but are not yet fully integrated into the programmes of the Seychelles Polytechnic. At the crucial National Youth Service stage, during which 97 per cent of young people age 15 to 16 years live and study together in single-sex clusters for two years, family life education is not yet fully established.

34. Concern has been expressed by many parents, teachers and students about the content, relevance and appropriateness of current family life education programmes. Educators have also questioned the effectiveness of top down approaches that do not emphasize peer-to-peer instruction and active participation of the people and that lack feedback mechanisms. Another major difficulty is the rapid turnover of staff, which has diluted the core of teachers suitably trained to teach family life education in the schools. This problem is compounded by the fact that there is no programme for systematic training of nationals in this important activity.

35. The non-formal family life education programme which targeted men in the work place through a multi-media approach must be reactivated, since it had become dormant after the departure of the international adviser assigned to the project. This non-formal sector programme would strengthen and encourage the involvement and participation of community-based organizations such as Parents Associations and the National Youth League in family life education activities.

36. To provide the reliable data and information needed for defining issues of concern and developing culturally relevant and acceptable messages and approaches, UNFPA intends to assist the Ministry of Education, in collaboration

with other national institutions, in conducting socio-anthropological studies, organizing focus group discussions and involving peers of target groups more directly in the design and implementation of family life education activities. The proposed programme would also provide support to the Ministry of Education to establish and institutionalize family life education in the academic and village life components of the National Youth Service and to strengthen ongoing activities at the Seychelles Polytechnic. To ensure a regular flow of teachers and resource persons to meet future needs, assistance would be provided to incorporate family life education into the core programmes of the School of Education and Social Studies of the Polytechnic.

37. Other activities would include the training of staff and the production of relevant educational materials sufficient to enable the National Workers Union to reactivate the Family Welfare Education Programme for Workers and to develop linkages with community-based organizations. A final, but extremely important, activity of the IEC component would be the setting up of a national body to co-ordinate family life education activities throughout the country.

38. UNFPA proposes to allocate $300,000 to support activities in the IEC sector. Because of the general lack of local expertise in this area, a suitable executing agency would have to be identified.

Basic data collection and analysis

39. Perhaps the most serious problem to be overcome in this area is the shortage of qualified staff. At present, there are only three statisticians and one trained demographer in the Seychelles. The number of potential candidates for training is also very limited. UNFPA assistance to this sector would be used, therefore, to provide a number of fellowships for nationals in key positions in the Ministries of Education, Administration and Manpower Development, Employment, and Social Affairs to undertake short-term courses abroad on integrating population factors into the development process.

40. In August 1987, the Seychelles conducted a population census, whose data remain to be processed and disseminated in a format suitable for planning purposes. Given the serious limitations in the national capacity in this area, however, it is unlikely that this task could be completed without external assistance. UNFPA support would be used, therefore, to purchase software packages for demographic analysis and to train local staff in their use, as well as to finance the dissemination of the results in the form of publications and seminars for party and government officials, policy-makers and planners.

41. The Seychelles has a well-organized civil registration system that has the potential of becoming the country's main source of population data. The country, however, lacks the expertise and the technology (i.e., relevant computer software packages) for data processing, analysis and projections. UNFPA would support short-term consultancies to assist in improving the reporting system, install

the necessary programmes, train nationals and set up a national population database. Assistance would also be provided to study migration trends and their likely impact on society.

42. The Government has clearly stated its policies with regard to such issues as family planning and does not at present consider the formulation of a comprehensive population policy a national priority. To promote understanding of the interrelationship between population and development, however, the programme would support sensitization seminars for high party and government officials, policy-makers and planners, using a computer-based presentation designed by The Futures Group.

43. To support the activities described above for the data collection and analysis sector and policy formulation, UNFPA would provide $100,000.

Women, population and development

44. In line with standard UNFPA guidelines, all UNFPA projects would take women into consideration as both participants and beneficiaries of population and development activities. In particular, the activities described above to help lower the incidence of teen-age pregnancy would be addressed specifically to the female population. UNFPA would further encourage social and cultural activities in which women are engaged, especially in the context of the IEC sector.

Programme co-ordination

45. Co-ordination of external assistance has been and remains the responsibility of the Government, through the Planning and Economic Co-operation Division of the Ministry of Planning and External Affairs. UNFPA field and headquarters staff would work closely with the Planning and Economic Co-operation Division to ensure the effective and efficient co-ordination of all activities under the proposed programme.

Programme management, monitoring and evaluation

46. In the past, apart from the ILO-executed family life education programme for workers, all UNFPA-supported projects were directly executed by government agencies without external technical assistance. However, the complexity of projects to be developed under the proposed programme and the consequent need for intensive backstopping, including the recruitment of consultants, fielding of missions, organization of study tours, etc., require sophisticated mechanisms that may be beyond the technical capacity of either the Government or UNFPA to provide. For example, it would be necessary to entrust the execution of the IEC programme to a United Nations agency or an international non-governmental organization acceptable to the Government. Moreover, to ensure optimal technical backstopping, UNFPA-funded intercountry or regional support teams would be carefully scheduled. The UNFPA Country Director responsible for the Seychelles would provide general administrative support and guidance.

47. All activities of the programme would be monitored and evaluated in accordance with the procedures established in the UNFPA guidelines on monitoring and evaluation of UNFPA-supported projects and programmes. Thus, progress reports would be prepared on a semi-annual basis, and tripartite reviews would be held annually. In addition, all major projects would be subject to independent evaluation.

Financial summary

48. As indicated in paragraph 1, UNFPA proposes to support a programme in the amount of $700,000. The breakdown by UNFPA work-plan category is as follows:

	UNFPA regular resources $
Maternal and child health and family planning	300,000
Information, education and communication	300,000
Basic data collection and analysis	100,000
Total	$700,000

V. RECOMMENDATION

49. The Executive Director recommends that the Governing Council:

(a) Approve the assistance to the Seychelles in the amount of $700,000 for the five-year period 1990-1994;

(b) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of the Seychelles and with the executing agencies.

UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Dist.
GENERAL

DP/FPA/CP/66
21 February 1990

ORIGINAL: ENGLISH

Thirty-seventh session
28 May - 22 June 1990, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Ecuador
Support for a comprehensive population programme

Proposed UNFPA assistance:	$7.0 million
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1990
Executing agencies:	Government of Ecuador United Nations Educational, Scientific and Cultural Organization (UNESCO)
Government co-ordinating agency:	National Development Council (CONADE)

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ECUADOR

Demographic facts

Population Total (000)	
Total	10,782
Males	5,424
Females	5,358
Sex ratio (/100 females)	101.2
Urban	6,136
Rural	4,645
Per cent urban	56.9
Population in year 2000 (000)	13,939
Functional age groups (%)	
Young child: 0-4	15.3
Child: 5-14	25.3
Youth: 15-24	20.2
Elderly: 60+	5.6
65+	3.7
Women: 15-49	24.1
Median age (years)	19.4
Dependency ratios: total	79.7
(/100) Aged 0-14	73.0
Aged 65+	6.7
Agricultural population density (/hectare of arable land)	1.28
Population density (/sq.km.)	38
Average annual change (000)	
Population increase	307
Births	388
Deaths	81
Net migration	0
Annual population total (% growth)	2.66
urban	4.09
rural	0.59
Crude birth rate (/1000)	33.6
Crude death rate (/1000)	7.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	4.32
Gross reproduction rate (/woman)	2.11
Net reproduction rate (/woman)	1.89
Infant mortality rate (/1000)	57
Life expectancy at birth (years)	
Males	64.5
Females	68.8
Both sexes	66.6
GNP per capita (U.S. dollars, 1987)	1,040

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1989. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $7 million over a five-year period, starting January 1990, to assist the Government of Ecuador in achieving its population and development objectives. Although a needs assessment mission took place in 1980, resulting in a UNFPA-supported maternal and child health and family planning (MCH/FP) programme, this would be the first time that UNFPA has supported a comprehensive programme of assistance to Ecuador.

2. The programme of assistance for Ecuador is based on the findings and recommendations of a multi-sectoral Programme Review and Strategy Development (PRSD) Mission that visited the country in July and August 1989. The proposed programme of UNFPA assistance would be closely linked to the Government's National Development Plan 1989-1992. In this development plan, the Government has defined broad objectives with reference to two demographic concerns, that is, children five years old and under, and pregnant and lactating women.

3. The main objectives of the proposed programme would be to assist the Government in: (a) creating awareness of the country's population issues among selected targeted audiences, especially the political leadership and policy-makers; (b) strengthening the Government's institutional capability in the population and development sector in terms of human resources; (c) increasing the knowledge base in demographic statistics and the interrelationship between population and development for use in development planning and awareness-creation activities; (d) decreasing infant and maternal mortality and teen-age pregnancy and improving the health and living conditions of families through expansion of improved MCH/FP services and promotion of family life and sex education; and (e) improving the status and well-being of women.

4. The programme would consist of activities to support a maternal health and family planning programme oriented to increasing primary health coverage in eight provinces with populations at high risk; strengthening the implementation and evaluation of such services; initiating interventions to decrease the high levels of adolescent maternal mortality and abortion; assisting the Government in integrating population factors into development planning; supporting and building on population education experiences and implementing innovative approaches in communication programmes; and undertaking a series of activities aimed at improving the institutional situation of the National Directorate of Women and assisting it to define a national policy on women and to undertake specific actions in this field.

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should

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be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. Ecuador is the second smallest country in South America and is situated between Colombia, Brazil and Peru. The current population stands at approximately 10 million and is growing at 2.7 per cent annually. Fertility remains high (the total fertility rate (TFR) is 4.3 children per woman), although it has been declining in recent years. Among rural women (TFR 5.5) and among the least educated groups (TFR 6.4), fertility is even higher. The contraceptive prevalence rate has been slowly increasing and in 1987 it was 44 per cent among married women. There is a considerable unmet demand for contraceptives, as approximately half of all married women who wish to stop childbearing are not using contraceptives.

7. General as well as infant mortality has been declining since 1950; however, the current levels are high if compared with other Latin American countries. The Ecuadorian population is becoming increasingly mobile, with most migrants choosing to go to Quito and Guayaquil as well as a few other secondary urban centres. This has resulted in a significant growth of the informal urban sector in these cities. Rural-to-urban and inter-urban are the major migration flows. International migration is gaining in importance since a significant portion of men from the southern provinces of the highlands have been emigrating to the United States of America.

8. Social conditions in Ecuador have not improved during the last decade. Chronic malnutrition affects one half of the population age five and under, and infant mortality remains high in the Latin American context at about 57 per 1,000 live births, being much higher in the rural areas of the country. According to 1988 government figures, about 14 per cent of the economically active population is unemployed and more than 50 per cent of the labour force is underemployed. In 1982, around 15 per cent of the population were illiterate, more so among rural areas (24 per cent) and among women (28 per cent). There is, moreover, a widespread lack of basic services.

9. The Ecuadorian economy and society have gone through a rapid modernization in the last three decades. This process accelerated from 1974 onwards when oil was discovered. Since 1982, in the face of the international economic crisis, subsequent Ecuadorian Governments have enacted several adjustment policies to control inflation and reduce the fiscal deficit. Economic growth has been

unstable, depending on the performance of international oil prices, and the gross national product (GNP) declined to about US $700 per capita in 1988. The external debt has increased fivefold since 1980 and the availability of foreign resources has declined. The new Government's priority economic goals are to reduce inflation, increase public revenues and reduce the fiscal deficit. In the last five years, the Ecuadorian economy has experienced a deep recession in both the industrial and agricultural sectors.

10. By the year 2000, population growth is expected to be reduced to 2.5 per cent annually and the TFR to about four children per woman. Life expectancy is expected to increase by 3.5 years and infant mortality to have dropped to 52 per 1,000 live births. In terms of proportion of total population, there will be a reduction of the younger population (age one to 14) and a small increase in the elderly population. Trends towards an increase in internal migration and urbanization are expected to continue.

11. Ecuador does not have a comprehensive population programme or policy. Most interventions in the population area have been undertaken without a guiding framework, the result being a great dispersion of activities. In 1987, the National Development Council (CONADE) prepared a draft National Population Policy (NPP), which included a set of general objectives and global strategies to develop population activities. However, this policy was never formalized.

12. The National Development Plan (NDP) 1989-1992 has a section on population policy which identifies two groups as targets for future population policy: children five years of age and under, and pregnant and lactating mothers. Although the regulation of population growth was identified as an objective in the 1987 draft population policy, it is not included in the NDP 1989-1992. The Government considers that demographic variables can be modified by the action of socio-economic variables, especially through widespread education, and that there is no need for direct intervention to modify demographic trends. Among the factors inhibiting the effective implementation of population activities in Ecuador are a general lack of commitment to such activities on the part of the Government, insufficient knowledge about the relationship between population and development variables, lack of human resources to help elucidate and study these relationships, poor institutional arrangements, and an inadequate population information system.

13. The groups most in need of improved health care are the rural, marginal urban and adolescent populations, in particular those in the country's eight poorest provinces. An assessment of government health intervention reflects the need to support institution building within the Ministry of Health (MOH), especially through the strengthening of management and administrative skills among Ministry personnel responsible for the execution of MCH/FP programmes; through the improvement of project supervision and evaluation techniques by enhancing the managerial and information system to support the decision-making process; and through the promotion of community participation.

14. Political leaders have recently shown an interest in the environmental conditions of specific areas of the country such as the Amazon region and the Galapagos Islands. However, there has been little concern expressed about the relationship between population and environment either among the public at large or among government officials. One important shortcoming is the lack of data and empirical research on the complex relationships between population and environment which could be used to guide the process of environmental policy formulation.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

15. UNFPA began its support to Ecuador in 1974 with the aim of improving health conditions for women and increasing contraceptive prevalence through a project in MCH/FP. To date, UNFPA assistance has been provided on a project-by-project basis, and funding for the period 1974-1989 amounted to about $7.5 million, of which approximately 60 per cent was expended in the MCH/FP area.

Maternal and child health and family planning

16. UNFPA has been supporting a programme aimed at improving the quality and coverage of the MCH/FP services in selected provinces, including provision of training and the purchase of equipment and contraceptives. Since 1988, the project has been extended to seven other provinces of the central and northern highlands to develop activities in preparation of a proposed new MCH/FP project aimed at high-risk areas. UNFPA has also supported several other projects in the MCH/FP area, such as the one aimed at evaluating health plans and policies and proposing a new model for service delivery. An ongoing project on laparoscopy is intended to establish two high-level centres -- one in Quito, the other in Guayaquil -- for training and research in the use of laparoscopy techniques.

17. UNFPA has also supported projects in the area of natural family planning and research on the situation of MCH/FP services. To date, both these projects have had limited execution due to reformulation of the research design and reorganization of the institutional arrangements.

Information, education and communication

18. A UNFPA-funded project, initiated in 1986 and implemented by the Ministry of Education and Culture (MEC), aims at introducing contents on population into primary school curricula. A diagnostic study undertaken by UNESCO in 1986 has served as the basis for the Ecuadorian conceptualization of population education for the country's primary school system. Teaching guides with contents on population have been tested in primary schools of three provinces with great success. The programme's major limitations have been the limited involvement of the Ministry's high-level officials and the lack of trained personnel in the population education field to act as trainers of the teachers. Very little has

been done in the population-communication area. Several non-governmental organizations (NGOs), mainly with United States Agency for International Development (USAID) support, have promoted family planning activities, but there has been little discussion of broader population issues.

Data collection and analysis

19. The National Institute of Statistics and Censuses (INEC) has received support from UNFPA and from bilateral agencies to carry out Ecuador's last three population and housing censuses, which have been considere to be fairly well-managed and to have generated reliable information. Howeve., there is limited use of available information by researchers, policy-makers and planners. In an effort to overcome this limitation, UNFPA has helped to train a number of national professionals in the analysis and application of demographic information, but it is clear that a stronger training effort is needed to facilitate a wider use of the available demographic information.

Population policy formulation

20. UNFPA supported the establishment of the Population Division within CONADE. UNFPA assistance to this sector was also used to conduct several studies on the interrelationships between development and population variables and to prepare the 1987 draft population policy. Mainly because of the Government's position concerning population activities and because of human resource constraints, however, these activities have not been able to facilitate the full incorporation of population variables into the process of development planning. This limitation is even more apparent at the regional planning level. Knowledge of existing population problems among political leaders, opinion-makers and planners is incomplete, and it is necessary to study further the interrelationships between population and development. Efforts to create national expertise to undertake research have been only partially successful, and national capabilities for undertaking population-related research remain relatively weak in most public institutions.

Population dynamics

21. With regard to population research and training, very few government institutions and non-governmental organizations have organized and conducted population courses. Thus, there is a lack of ongoing population training programmes in the country. Although UNFPA has funded several population studies, population-related research remains rather limited, especially in scope. Indeed, research studies have tended to be largely descriptive and have not attempted to elaborate the complex relationships between demographic and socio-economic change. UNFPA also supported a short training course on population and related issues in 1985. While there has been no formal follow-up on placement of trainees, it seems that most participants are not working in the population field.

Women, population and development

22. During the last two years there has been a marked interest in the situation of women and their incorporation into the national development process. Currently there are several NGOs, most of them working in Quito and Guayaquil, actively addressing issues of concern to women. The Government declared its intention to support the National Directorate of Women (DINAMU), giving it the mandate to deal with women's issues and incorporating it administratively into the Ministry of Social Welfare. The 1989-1992 NDP indicates the need to improve the situation of women through the implementation of several health, education and productivity programmes. International agencies such as UNFPA, the United Nations Children's Fund (UNICEF) and the United Nations Development Fund for Women (UNIFEM) have been assisting the Government and NGOs in carrying out activities in this area. Between 1982 and 1984, UNFPA supported a project on the "Promotion of Women and Family in Developing Population Activities". However, owing to problems with implementation, the project fell short of expected results. UNFPA also sponsored a seminar and a workshop on "Women and Health" issues. Both were extremely successful in terms of the participation of several NGOs and grass-roots women's organizations, as well as from the point of view of heightening awareness. Still, the development of activities in this area must overcome many obstacles, primary among which is the lack of a national policy on women to guide activities and to help co-ordinate the actions of public and private institutions.

Other external assistance

23. Population activities in Ecuador have been supported by such multilateral and bilateral international agencies as UNICEF, the World Food Programme (WFP), the World Health Organization/Pan American Health Organization (WHO/PAHO), and USAID, as well as by the International Planned Parenthood Federation (IPPF). These agencies and organizations have rendered their assistance through both government institutions and NGOs.

24. The Ministry of Health has received support from WHO/PAHO, UNICEF, and WFP, as well as USAID and other bilateral agencies to carry out maternal and child health and family planning activities. A USAID-financed four-year Child Survival Project of about $12 million will be executed in eight provinces, starting in 1990. This project comprises training and support for institutional development and the improvement of the Ministry's information system. The continued close collaboration between UNFPA and USAID should ensure maximization of resources and non-duplication of activities. USAID, IPPF, Family Planning International Assistance (FPIA), The Population Council, and Overseas Development Associates are funding several private-sector institutions to provide family planning services, especially in urban areas. These include, among others, the Association for the Welfare of the Ecuadorian Family (APROFE) and the Medical Centre of Orientation and Family Planning (CEMOPLAF).

IV. FINDINGS AND RECOMMENDATIONS OF THE PRSD MISSION

25. A Programme Review and Strategy Development (PRSD) Mission headed by UNFPA was organized in Ecuador from 12 July to 4 August 1989. The mission found that Ecuador was at an incipient stage of development in most areas of population activities. It also noted that while the country did not have an integrated population policy, it was particularly concerned about the health and welfare of children age five and under and of pregnant and lactating women.

26. While the relationship between population and development has been a concern of the Government for several years, the effective integration of population aspects into development plans has been limited or nonexistent. The Government does not consider the current rate of population growth (2.7 per cent) to be an impediment to either the social or economic development of the country. The PRSD mission, noting that the recommendations of the 1980 needs assessment mission had not been fully implemented, defined the following aspects as problem areas that present serious obstacles to the development of population activities in the country: (a) the lack of a comprehensive national population policy; (b) insufficient conceptualization and understanding of population and development issues (notably a lack of consensus regarding relationships between population and development variables and of political commitment to population activities); (c) shortage of quantitative research of population and development variables to support the policy development process; (d) weak or nonexistent project monitoring and evaluation systems; (e) insufficient number of personnel with the requisite technical and managerial skills to formulate, manage, monitor and evaluate population and related projects; (f) insufficient co-ordination among government agencies working in the population field, as well as among similarly involved public- and private-sector institutions; (g) insufficient co-ordination among donor agencies involved in the population area; (h) lack of or limited involvement of beneficiaries and local staff in the project design and monitoring process; and (i) inadequate use of demographic and socio-economic information in development planning and in the policy formulation process.

27. The mission also found, however, that the past assistance of UNFPA and other international agencies and organizations had created some important conditions that would facilitate the development of population activities in the country. For example, CONADE, through its Population Division, is interested in improving co-ordination with other government agencies working in the population field. Moreover, CONADE recognizes the necessity of enhancing national capabilities to effectively incorporate population variables into the development planning process. For its part, the Ministry of Health is aware of most of the problems highlighted by the PRSD Mission and intends to extend coverage of MCH services, including family planning activities. There is also a great willingness on the part of the United Nations agencies working in the MCH area (UNICEF, WFP and PAHO) to co-ordinate their actions. Bilateral agencies have also demonstrated a similar commitment to co-ordination. The private-sector NGOs, especially those working in social research and in areas specifically

dealing with women, have demonstrated an interest in developing population and related activities with support from UNFPA. And above all, representatives of major institutions visited by the mission participated in a debriefing session where the findings and strategies were presented. For the most part, they agreed with the mission's proposals and the strategies identified.

V. PROPOSED PROGRAMME 1990-1994

28. The proposed country programme for Ecuador takes into account and reflects the priorities of the National Development Plan 1989-1992, as well as the inputs of CONADE. The proposed country programme should be regarded as an integrated package of population assistance that would contribute to overcoming major structural and institutional problems highlighted by the PRSD mission. The programme's objectives would be as follows: (a) to create awareness of population issues through an exhaustive population information, education and communication campaign; (b) to resolve major population problems according to government aims by establishing an integrated programme, supporting in particular those areas in which participation of national agencies is considered to be a priority; (c) to improve technical and institutional capabilities of public institutions to design and carry out population programmes; (d) to enhance the development of human resources, research and population programme management; (e) to improve project performance and bring about a more effective use of scarce resources by, among other things, enhancing co-ordination and collaboration among international and national agencies; (f) to improve knowledge about demographic processes and their interrelationship with socio-economic development through increased support of action-oriented research; and (g) to capitalize on existing experiences by integrating the relevant work of universities and private research centres with population research activities.

29. The programme would concentrate on seven major strategic lines of action: (a) raising the level of awareness and understanding of population and related issues among policy-makers, planners, and the general population and generating active community participation for all activities; (b) designing and implementing a comprehensive population policy; (c) improving the technical and managerial skills of national staff through specialized training programmes; (d) strengthening the national research base; (e) strengthening evaluation and monitoring procedures; (f) improving co-ordination between government agencies and donors; and (g) reorienting the approach in the health sector to include the delivery of family planning services.

Maternal child health and family planning

30. UNFPA assistance to this sector would support the Government's recent decision to move away from traditional curative approaches to a preventative approach based on the delivery of a full range of health services, including MCH/FP services. This would require extensive training to reorient staff and upgrade their skills, as well as continued support to ongoing efforts to design

new models for enhancing service delivery. UNFPA assistance would also be used to maintain or increase the supply of contraceptives and to create the necessary institutional arrangements to ensure safe and efficient delivery of clinical contraceptives, provided only upon request.

31. The Fund would support the efforts of the Ministry of Health to improve coverage of MCH/FP services, including the provision of contraceptives; to train midwives; to enhance administrative and managerial skills through training courses; to foster community participation through working with the Eugenio Espejo Foundation, an NGO working in the field of MCH/FP; and to provide laparoscopy services in Cuenca Hospital. UNFPA assistance would also be used to support a programme of sex education for adolescents administered through the Ministry of Social Welfare's Department of Youth, with the participation of the Ministry of Health. The Ministry of Education and Culture would undertake a study on abortion as part of this project in order to devise strategies to reduce its incidence.

32. UNFPA proposes to provide $3,850,000 to the MCH/FP sector to cover the above activities. In view of the significant assistance in this area from other donors, notably UNICEF, WFP, USAID, IPPF, and the World Bank, UNFPA would strive to work closely with these donors so as to avoid duplication of efforts and hence maximize the effectiveness of resources.

Information, education and communication

33. UNFPA proposes to support a series of related actions in this area, not only to ensure the continuation of the work already undertaken, particularly in formal population education, but to broaden the approach to population communication as well. Previous UNFPA assistance had been used to help the Ministry of Education and Culture establish bases for community support and conduct research to select the most appropriate contents for population education. UNFPA proposes to build upon these bases, the long-term objective being to ensure eventual institutionalization of population education in the formal education sector in Ecuador. UNFPA also proposes to support the Ministry of Education and Culture in its efforts to develop a comprehensive approach to population communication which would segment audiences, conduct qualitative research and tailor messages to the specific needs of distinct audiences.

34. As regards the area of formal population education, UNFPA would assist the Ministry of Education and Culture in incorporating population contents into primary school curricula; training school teachers, primarily through workshops and seminars; designing mechanisms for disseminating the population components of school curricula; producing materials and study guidelines for students and children; and training staff in charge of project execution. The population education project would trial-test new curricula with population contents in several primary schools throughout the country. In this regard it would be a pilot project. With regard to population communication, the Fund

would support the elaboration of communication material (e.g., videos, radio spots, printed material) to be disseminated to the general public and specific target groups in Ecuadorian society. The Fund would also support the Government's efforts to strengthen the Ministry of Communication through training in population communication techniques and the provision of equipment and international consultants. Moreover, the Fund would provide support for various forums for discussion and awareness creation of population issues among journalists, government officials and other audiences. Finally, UNFPA would support activities in non-formal education to build population contents into women's education, into the special activities of young workers organized by the Ministry of Labour, and into the adult education programme administered by the Ministry of Education and Culture. UNFPA's support to the total population education sector would amount to $1.4 million for the activities described above. The projects would be executed by UNESCO and the Government.

Population policy formulation

35. UNFPA proposes to continue to support the Government's efforts to formulate and implement a comprehensive population policy. This would involve supporting extensive research activities designed to define the appropriate technical and legal basis for such a policy. With regard to the institutional framework, UNFPA would promote and support the creation of a high-level policy-oriented body (such as a national population committee) responsible for formulating and monitoring the population policy. UNFPA assistance would also be used to support CONADE in its operational/technical work in the area of population policy and to help CONADE strengthen its role with regard to the integration of population factors into national, sectoral and regional development planning. UNFPA assistance would be $560,000 for projects to be executed by the Government.

Population dynamics

36. The Fund would support studies on the interrelationships between population and development though institutions such as the University of Cuenca and through specialized NGOs such as the Centre for Studies and Social Planning (CEPLAES). It is proposed that UNFPA support CONADE in the redrafting of the population policy and in its implementation; in the creation, in co-operation with regional institutions, of regional population units in development agencies; in the training and development of staff in population and development planning; and in the establishment and management of a central documentation centre and database.

37. UNFPA would support training for CONADE's technical staff working in population and development-related fields. Research activities focusing on the needs of priority areas in the country would be promoted and co-ordinated to ensure the participation of government and private centres. Research in the following areas would also be considered: the effect of population on regional development; demographic effects of development projects; and socio-economic and

demographic causes and consequences of migration. The proposed programme would also support activities to improve the quality, appropriateness and availability of population data. UNFPA assistance would amount to $490,000 for projects executed by the Government.

Women, population and development

38. Strengthening the National Directorate of Women, including its political leverage, is a prerequisite to national action leading to the improvement of women's status. While this will depend in large part on the commitment and will of the responsible ministry, UNFPA proposes to contribute by providing appropriate consultants and by training the staff of the Directorate. Among the activities planned to help clarify issues of special concern to women and create broader awareness about them would be the undertaking of specialized research projects and the holding of national fora on women and population. Accordingly, UNFPA would support the establishment of a women's information system, the strengthening of the institutional capacity of the Directorate, the elaboration of a national policy on women, and the undertaking of action-oriented studies on the situation of women in Ecuadorian society. Moreover, UNFPA would give priority support to the Ministry of Social Welfare and the Directorate's recently formulated project aimed at elaborating a national policy specifically directed at incorporating rural women in the national development process. This project would include population education and health education activities as well as a training component oriented at improving women's skills in income-generating activities. It would contribute to heightening women's participation at the grass-roots level and supporting income-generating activities for women. UNFPA would also support CONADE's activities aimed at improving the status of women, as well as those of several NGOs active in the women's field. UNFPA proposes $700,000 for this area, for projects executed by the Directorate, UNIFEM and some specialized NGOs.

Programme co-ordination

39. The programme and its components would be co-ordinated within the institutional framework provided by CONADE and, where appropriate, activities supported under the proposed UNFPA programme would be co-ordinated with those of other donors. For example, the MCH/FP programme is being planned in consultation with WFP, UNICEF and USAID, which have complementary projects in the same area. The USAID contribution to the private NGO sector to support the provision of contraceptives and related services has been taken into account in the design of the UNFPA programme. In addition, UNFPA would seek to collaborate with UNIFEM concerning the execution of projects within the women's sector programme.

Programme evaluation, monitoring and management

40. UNFPA would seek to enhance national capacity in project design, monitoring and evaluation, as well as improving the technical skills of national staff through various mechanisms. In addition to its standard procedures for monitoring and evaluation, UNFPA would conduct national/regional/sectoral workshops to train key UNFPA project personnel in formulation, implementation, monitoring, and evaluation aspects of population projects. There would be periodic country reviews with participation from both the Government and UNFPA, including a mid-programme review. An independent evaluation would also be conducted.

41. The execution of the programme would be co-ordinated through the office of the UNDP/UNFPA representative in Ecuador in conjunction with CONADE. Support activities for the programme would be provided by a National Programme Officer, an administrative assistant and a secretary.

Financial summary

42. As indicated in paragraph 1, UNFPA proposes to support a comprehensive programme in the amount of $7 million over a five-year period, starting 1 January 1990, covering the following areas of the UNFPA mandate.

	UNFPA regular resources $
Maternal and child health and family planning	3,850,000
Information, education and communication	1,400,000
Population policy formulation	560,000
Population dynamics	490,000
Women, population and development	700,000
TOTAL	$ 7,000,000

VI. RECOMMENDATION

43. The Executive Director recommends that the Governing Council:

(a) Approve the assistance to Ecuador in the amount of $7 million for the five-year period 1990-1994;

/...

(b) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Ecuador and with the executing agencies.